

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED
OMB NO. 0938-0050
EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0053	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/26/2019 12:35 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/26/2019	Time: 12:35 pm
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. JOHN'S HOSPITAL (14-0053) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) STEVEN UMLAND

Officer or Administrator of Provider(s)

CFO-HSHS CENTRAL ILLINOIS DIVISION

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	-554,676	-98,022	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
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	-554,676	-98,022	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: 14-0053		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 12:35 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 800 EAST CARPENTER			PO Box:				1.00	
2.00	City: SPRINGFIELD			State: IL		Zip Code: 62769		County: SANGAMON	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			ST. JOHN'S HOSPITAL	140053	44100	1	07/01/1966	N
4.00	Subprovider - IPF							P	O
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTG								
12.00	Hospital-Based HHA			ST. JOHN'S HOME HEALTH AGENCY	147222	44100		01/01/1983	N
13.00	Separately Certified ASC							P	N
14.00	Hospital-Based Hospice			ST. JOHN'S HOSPITAL HOSPICE PROGRAM	141503	44100		05/24/1984	
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2018	06/30/2019	20.00
21.00	Type of Control (see instructions)						1		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		23.00
				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.			4,868	6,448	0	154	21,319	424

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
11/26/2019 12:35 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)			Y				60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				20.00		1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.00		1	60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.03		1	60.03

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			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code				
			1.00	2.00	3.00				
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.04	1	60.04			
			Y/N	IME	Direct GME	IME	Direct GME		
			1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00		
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01		
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02		
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03		
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04		
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05		
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06		
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
			1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20		
							1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)									
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01		
Teaching Hospitals that Claim Residents in Nonprovider Settings									
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))				
			1.00	2.00	3.00				
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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Period:
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To 06/30/2019Worksheet S-2
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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
65.01				0.00	0.00	0.000000	65.01
65.02				0.00	0.00	0.000000	65.02
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00
67.01				0.00	0.00	0.000000	67.01
67.02				0.00	0.00	0.000000	67.02
					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

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			1.00	2.00	3.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			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.			Y	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0053		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 12:35 pm	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00
						1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00
						1.00	2.00
						1.00	2.00
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.				N		0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.				N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.				Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				2		118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	934,477		1,622,292		6,416,552	
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.				N		118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.				N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.				N		122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.				N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				Y	148005	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0053		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 12:35 pm		
1.00		2.00		3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name: HOSPITAL SISTERS HEALTH SYSTEM			Contractor's Name: NATIONAL GOVERNMENT SERVICES			Contractor's Number: 00131			
142.00	Street: 4936 LAVERNA ROAD			PO Box:						
143.00	City: SPRINGFIELD			State: IL			Zip Code: 62794			
								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)								9.99	169.00
						Beginning	Ending			
						1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						04/01/2018	06/30/2018	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	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0053	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/26/2019 12:35 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		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	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N 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?	Y	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	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.		Y	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)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/28/2019	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/26/2019 12:35 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ROBIN	BARBER		41.00
42.00	Enter the employer/company name of the cost report preparer.	HSBS			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	217-544-6464	ROBIN.BARBER@HSBS.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
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		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF ACCOUNTING	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: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 12:35 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	281	99,833	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)		281	99,833	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	45	18,475	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 HIGH RISK NEONATAL	35.00	43	15,695	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		369	134,003	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		369				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: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 12:35 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	25,759	3,439	70,250			1.00
2.00	HMO and other (see instructions)	10,268	27,921				2.00
3.00	HMO IPF Subprovider	31	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)	25,759	3,439	70,250			7.00
8.00	INTENSIVE CARE UNIT	9,642	604	12,067			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	HIGH RISK NEONATAL	0	670	13,374			12.00
13.00	NURSERY		155	3,097			13.00
14.00	Total (see instructions)	35,401	4,868	98,788	67.87	2,522.94	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	12,358	0	28,603	0.00	49.68	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	9.29	24.00
24.10	HOSPICE (non-distinct part)			508			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)				67.87	2,581.91	27.00
28.00	Observation Bed Days		188	2,886			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			1,771			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	424	736			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: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 12:35 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	6,498	2,083	18,322	1.00
2.00 HMO and other (see instructions)			1,775	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 HIGH RISK NEONATAL						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	6,498	2,083	18,322	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/26/2019 12:35 pm

	Wkst. A Line Number	Amount Reported	Reclassification 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	159,666,957	-4,621,564	155,045,393	5,372,844.76	28.86
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		388,467	0	388,467	2,086.00	186.23
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	6,709,250	0	6,709,250	249,638.70	26.88
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	443	-443	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		9,505,327	151,187	9,656,514	261,643.04	36.91
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		7,863,637	0	7,863,637	107,185.92	73.36
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		2,088,361	0	2,088,361	15,546.70	134.33
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		14,699,588	0	14,699,588	327,165.82	44.93
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)		58,479,782	0	58,479,782		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		3,589,808	0	3,589,808		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		98,093	0	98,093		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		1,847,933	0	1,847,933		
25.50	Home office wage-related (core)		6,345,362	0	6,345,362		
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	2,506,855	-967,204	1,539,651	34,039.69	45.23
27.00	Administrative & General	5.00	20,965,563	-3,056,047	17,909,516	607,253.48	29.49

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/26/2019 12:35 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		1,269,776	0	1,269,776	10,471.13	121.26	28.00
29.00	Maintenance & Repairs	6.00	4,127,675	-12,069	4,115,606	107,817.88	38.17	29.00
30.00	Operation of Plant	7.00	2,137,425	-3,264	2,134,161	94,048.21	22.69	30.00
31.00	Laundry & Linen Service	8.00	1,300,200	-636,818	663,382	46,842.37	14.16	31.00
32.00	Housekeeping	9.00	2,671,481	-14,732	2,656,749	212,466.85	12.50	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,523,526	-1,660,826	862,700	66,307.76	13.01	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,634,904	1,634,904	121,994.29	13.40	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,343,489	-144,532	3,198,957	78,169.89	40.92	38.00
39.00	Central Services and Supply	14.00	588,340	0	588,340	39,483.39	14.90	39.00
40.00	Pharmacy	15.00	5,743,821	-190,587	5,553,234	129,721.34	42.81	40.00
41.00	Medical Records & Medical Records Library	16.00	2,238,215	-23,945	2,214,270	93,978.71	23.56	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: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/26/2019 12:35 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	154,227,483	-4,621,564	149,605,919	5,133,677.19	29.14	1.00
2.00	Excluded area salaries (see instructions)	9,505,770	150,744	9,656,514	261,643.04	36.91	2.00
3.00	Subtotal salaries (line 1 minus line 2)	144,721,713	-4,772,308	139,949,405	4,872,034.15	28.73	3.00
4.00	Subtotal other wages & related costs (see inst.)	24,651,586	0	24,651,586	449,898.44	54.79	4.00
5.00	Subtotal wage-related costs (see inst.)	64,923,237	0	64,923,237	0.00	46.39	5.00
6.00	Total (sum of lines 3 thru 5)	234,296,536	-4,772,308	229,524,228	5,321,932.59	43.13	6.00
7.00	Total overhead cost (see instructions)	49,416,366	-5,075,120	44,341,246	1,642,594.99	26.99	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0053	Period: From 07/01/2018 To 06/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 11/26/2019 12:35 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,022,914	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		19,407,693	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)		25,823,580	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		1,864,293	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		637,782	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)		1,921,306	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,340,302	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		9,274,983	17.00
18.00	Medicare Taxes - Employers Portion Only		2,248,158	18.00
19.00	Unemployment Insurance		65,801	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))		12,865	21.00
22.00	Day Care Cost and Allowances		163,837	22.00
23.00	Tuition Reimbursement		232,102	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		64,015,616	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: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	7,863,637	64,015,616	1.00
2.00	Hospital	7,863,637	62,356,699	2.00
3.00	Subprovider - IPF	0	0	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	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	1,658,917	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0053 Component CCN: 14-7222		Period: From 07/01/2018 To 06/30/2019		Worksheet S-4 Date/Time Prepared: 11/26/2019 12:35 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	652	11	368	1,031	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	732.00	89.00	1,336.00	2,157.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			13.65	0.00	13.65	5.00
6.00	Direct Nursing Service			22.39	0.00	22.39	6.00
7.00	Nursing Supervisor			1.03	0.00	1.03	7.00
8.00	Physical Therapy Service			6.83	0.00	6.83	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			2.99	0.00	2.99	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.45	0.00	0.45	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.01	0.00	1.01	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.34	0.00	1.34	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.			6			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	14010					20.00
20.01		16580					20.01
20.02		19500					20.02
20.03		41180					20.03
20.04		44100					20.04
20.05		99914					20.05
		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	5,773	1,090	287	93	7,243	21.00
22.00	Skilled Nursing Visit Charges	1,140,301	214,730	56,699	18,321	1,430,051	22.00
23.00	Physical Therapy Visits	2,748	88	19	62	2,917	23.00
24.00	Physical Therapy Visit Charges	577,836	18,480	3,990	13,020	613,326	24.00
25.00	Occupational Therapy Visits	1,017	50	9	12	1,088	25.00
26.00	Occupational Therapy Visit Charges	213,843	10,500	1,890	2,520	228,753	26.00
27.00	Speech Pathology Visits	191	14	0	0	205	27.00
28.00	Speech Pathology Visit Charges	40,110	2,940	0	0	43,050	28.00
29.00	Medical Social Service Visits	81	14	1	1	97	29.00
30.00	Medical Social Service Visit Charges	21,086	3,640	260	260	25,246	30.00
31.00	Home Health Aide Visits	631	174	1	2	808	31.00
32.00	Home Health Aide Visit Charges	60,195	16,530	95	190	77,010	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	10,441	1,430	317	170	12,358	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)	2,053,371	266,820	62,934	34,311	2,417,436	35.00
36.00	Total Number of Episodes (standard/non outlier)	768		116	16	900	36.00
37.00	Total Number of Outlier Episodes		46		1	47	37.00
38.00	Total Non-Routine Medical Supply Charges	53,673	106,087	2,248	891	162,899	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0053

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

Worksheet S-7

Date/Time Prepared:
11/26/2019 12:35 pm

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0053

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

Worksheet S-7

Date/Time Prepared:
11/26/2019 12:35 pm

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

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0053

Period:

Worksheet S-9

Hospice CCN: 14-1503

From 07/01/2018
To 06/30/2019PARTS I THROUGH IV
Date/Time Prepared:
11/26/2019 12:35 pm

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	5,980	128	2,860	8,968	11.00
12.00	Hospice Inpatient Respite Care	49	0	20	69	12.00
13.00	Hospice General Inpatient Care	411	14	297	722	13.00
14.00	Total Hospice Days	6,440	142	3,177	9,759	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0053	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 11/26/2019 12:35 pm
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.206623 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	74,055,750		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0		5.00
6.00	Medicaid charges	409,765,896		6.00
7.00	Medicaid cost (line 1 times line 6)	84,667,059		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)	10,611,309		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	0		9.00
10.00	Stand-alone CHIP charges	0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	10,611,309		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)	21,057,640	3,063,027	24,120,667 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,350,993	3,063,027	7,414,020 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	4,350,993	3,063,027	7,414,020 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)	8,349,508		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,747,181		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	2,687,970		27.01
28.00	Non-Medicare bad debt expense (see instructions)	5,661,538		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	2,110,593		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	9,524,613		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	20,135,922		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0053

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

Worksheet A

Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		22,496,524	22,496,524	-12,198,918	10,297,606	1.00
1.01	00101	CAP REL COSTS - CON		0	0	159,016	159,016	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	12,399,037	12,399,037	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,506,855	80,865,387	83,372,242	-32,672	83,339,570	4.00
5.01	00580	COMMUNICATIONS	327,283	346,188	673,471	-3,681	669,790	5.01
5.02	00540	INFORMATION SYSTEMS	10,022	29,171,053	29,181,075	37	29,181,112	5.02
5.03	00550	PURCHASING/RECEIVING/STORES	634,884	408,323	1,043,207	0	1,043,207	5.03
5.04	00570	ADMITTING	1,644,467	13,595	1,658,062	-14,034	1,644,028	5.04
5.05	00560	PATIENT ACCOUNTING	2,698,904	1,562,429	4,261,333	87,558	4,348,891	5.05
5.06	00590	OTHER ADMIN & GENERAL	15,650,003	124,829,521	140,479,524	-12,890,827	127,588,697	5.06
6.00	00600	MAINTENANCE & REPAIRS	4,127,675	8,369,318	12,496,993	-12,069	12,484,924	6.00
7.00	00700	OPERATION OF PLANT	2,137,425	10,722,446	12,859,871	-380,169	12,479,702	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,300,200	1,705,284	3,005,484	-2,023	3,003,461	8.00
9.00	00900	HOUSEKEEPING	2,671,481	1,802,839	4,474,320	-14,732	4,459,588	9.00
10.00	01000	DIETARY	2,523,526	1,205,331	3,728,857	-2,441,718	1,287,139	10.00
11.00	01100	CAFETERIA	0	0	0	2,415,796	2,415,796	11.00
13.00	01300	NURSING ADMINISTRATION	3,343,489	1,018,860	4,362,349	-144,532	4,217,817	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	588,340	197,017	785,357	0	785,357	14.00
15.00	01500	PHARMACY	5,743,821	18,628,858	24,372,679	-15,697,077	8,675,602	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,238,215	2,086,107	4,324,322	-23,945	4,300,377	16.00
20.00	02000	NURSING SCHOOL	2,206,692	530,868	2,737,560	-9,957	2,727,603	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,709,250	0	6,709,250	0	6,709,250	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	12,634,016	12,634,016	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	117,698	4,179	121,877	0	121,877	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	176,950	23,453	200,403	193,232	393,635	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	78,897	8,545	87,442	131	87,573	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,139,553	13,697,893	39,837,446	-3,476,151	36,361,295	30.00
31.00	03100	INTENSIVE CARE UNIT	7,600,023	4,960,641	12,560,664	-370,714	12,189,950	31.00
35.00	02040	HIGH RISK NEONATAL	7,217,825	2,039,419	9,257,244	-460,835	8,796,409	35.00
40.00	04000	SUBPROVIDER - IPF	17,928	268,237	286,165	-286,165	0	40.00
43.00	04300	NURSERY	0	1,032	1,032	1,071,195	1,072,227	43.00
44.00	04400	SKILLED NURSING FACILITY	443	26,458	26,901	-26,901	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,276,953	29,793,124	40,070,077	-24,263,959	15,806,118	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	891,560	751,160	1,642,720	-645,392	997,328	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	6,466	6,466	-6,466	0	50.02
51.00	05100	RECOVERY ROOM	1,876,552	133,917	2,010,469	-6,380	2,004,089	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,474,059	2,179,932	5,653,991	566,423	6,220,414	52.00
53.00	05300	ANESTHESIOLOGY	919,573	2,121,084	3,040,657	-450,688	2,589,969	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,903,021	1,963,507	5,866,528	-1,352,788	4,513,740	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	320,491	89,990	410,481	-74	410,407	55.00
56.00	05600	RADIOISOTOPE	473,429	690,437	1,163,866	124,697	1,288,563	56.00
57.00	05700	CT SCAN	777,826	764,418	1,542,244	-350,833	1,191,411	57.00
58.00	05800	MRI	425,415	248,113	673,528	-25,974	647,554	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,138,900	33,675,228	38,814,128	-30,998,533	7,815,595	59.00
60.00	06000	LABORATORY	4,969,633	8,935,022	13,904,655	-9,773	13,894,882	60.00
65.00	06500	RESPIRATORY THERAPY	3,903,959	1,062,814	4,966,773	-493,153	4,473,620	65.00
66.00	06600	PHYSICAL THERAPY	5,535,361	956,467	6,491,828	44,435	6,536,263	66.00
69.00	06900	ELECTROCARDIOLOGY	2,631,118	3,551,854	6,182,972	-411,037	5,771,935	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	786,668	485,111	1,271,779	-232,172	1,039,607	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	26,692,495	26,692,495	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	33,688,154	33,688,154	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	16,729,739	16,729,739	73.00
74.00	07400	RENAL DIALYSIS	0	1,496,574	1,496,574	-2,393	1,494,181	74.00
76.00	03020	OTHER ANCILLARY	1,226,944	127,648	1,354,592	1,543,413	2,898,005	76.00
76.97	07697	CARDIAC REHABILITATION	561,088	22,693	583,781	502	584,283	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	546,826	357,847	904,673	-80,131	824,542	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,708,570	7,152,269	12,860,839	-72,365	12,788,474	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,991,269	677,408	4,668,677	-133,600	4,535,077	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		5,102,105	5,102,105	0	5,102,105	113.00
116.00	11600	HOSPICE	641,391	662,111	1,303,502	-56,204	1,247,298	116.00
117.00	06950	HOME INFUSION	778,293	2,915,543	3,693,836	-291,499	3,402,337	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	158,170,748	432,912,647	591,083,395	-20,658	591,062,737	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 14-0053	Period: From 07/01/2018 To 06/30/2019	Worksheet A Date/Time Prepared: 11/26/2019 12:35 pm		
Cost Center Description				Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
				1.00	2.00	3.00	4.00	5.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		129,734	243,395	373,129	0	373,129	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		0	1,281,945	1,281,945	0	1,281,945	192.00
194.00	07950	NON REIMBURSABLE-OTHER		676,945	546,677	1,223,622	-1,391	1,222,231	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT		532,891	-681,775	-148,884	0	-148,884	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY		156,639	49,678	206,317	22,049	228,366	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)		159,666,957	434,352,567	594,019,524	0	594,019,524	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0053

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

Worksheet A

Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	6,577,306	16,874,912	1.00
1.01	00101	CAP REL COSTS - CON	0	159,016	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	12,399,037	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-48,470,162	34,869,408	4.00
5.01	00580	COMMUNICATIONS	-135,952	533,838	5.01
5.02	00540	INFORMATION SYSTEMS	3,671,497	32,852,609	5.02
5.03	00550	PURCHASING/RECEIVING/STORES	-180	1,043,027	5.03
5.04	00570	ADMITTING	0	1,644,028	5.04
5.05	00560	PATIENT ACCOUNTING	-65,778	4,283,113	5.05
5.06	00590	OTHER ADMIN & GENERAL	-105,029,784	22,558,913	5.06
6.00	00600	MAINTENANCE & REPAIRS	-141,717	12,343,207	6.00
7.00	00700	OPERATION OF PLANT	-3,203,441	9,276,261	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-41,421	2,962,040	8.00
9.00	00900	HOUSEKEEPING	0	4,459,588	9.00
10.00	01000	DIETARY	-46,007	1,241,132	10.00
11.00	01100	CAFETERIA	0	2,415,796	11.00
13.00	01300	NURSING ADMINISTRATION	-153,860	4,063,957	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	785,357	14.00
15.00	01500	PHARMACY	-89,261	8,586,341	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-511	4,299,866	16.00
20.00	02000	NURSING SCHOOL	-2,825,160	-97,557	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-697,376	6,011,874	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	12,634,016	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	-31,651	90,226	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	-20,768	372,867	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	-4,578	82,995	23.04
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,354,719	31,006,576	30.00
31.00	03100	INTENSIVE CARE UNIT	-383	12,189,567	31.00
35.00	02040	HIGH RISK NEONATAL	-181,711	8,614,698	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	0	1,072,227	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,042,090	14,764,028	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	997,328	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	50.02
51.00	05100	RECOVERY ROOM	0	2,004,089	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,314,000	4,906,414	52.00
53.00	05300	ANESTHESIOLOGY	-150,177	2,439,792	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-30,896	4,482,844	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	410,407	55.00
56.00	05600	RADIOISOTOPE	0	1,288,563	56.00
57.00	05700	CT SCAN	-17,262	1,174,149	57.00
58.00	05800	MRI	0	647,554	58.00
59.00	05900	CARDIAC CATHETERIZATION	-550,775	7,264,820	59.00
60.00	06000	LABORATORY	-44,359	13,850,523	60.00
65.00	06500	RESPIRATORY THERAPY	-23,624	4,449,996	65.00
66.00	06600	PHYSICAL THERAPY	-83,422	6,452,841	66.00
69.00	06900	ELECTROCARDIOLOGY	-3,081,298	2,690,637	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-11,960	1,027,647	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	26,692,495	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	33,688,154	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,729,739	73.00
74.00	07400	RENAL DIALYSIS	-37,000	1,457,181	74.00
76.00	03020	OTHER ANCILLARY	0	2,898,005	76.00
76.97	07697	CARDIAC REHABILITATION	-39,371	544,912	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	824,542	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-4,863,304	7,925,170	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-1,849	4,533,228	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-5,102,105	0	113.00
116.00	11600	HOSPICE	-1,897	1,245,401	116.00
117.00	06950	HOME INFUSION	-12,570	3,389,767	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-172,653,576	418,409,161	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	373,129	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0053

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

Worksheet A

Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,281,945	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	1,222,231	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	-148,884	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	228,366	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-172,653,576	421,365,948	200.00

RECLASSIFICATIONS

Provider CCN: 14-0053

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

Worksheet A-6

Date/Time Prepared:
11/26/2019 12:35 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - COLLEGE OF NURSING DEPREC COSTS					
1.00	CAP REL COSTS - CON	1.01	0	156,643		1.00
	0		0	156,643		
	C - MEDICAL CARE ADMIN COSTS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	57,365	0		1.00
	0		57,365	0		
	D - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	1,634,904	780,892		1.00
	0		1,634,904	780,892		
	E - NURSERY AND LABOR/DELIVERY COSTS					
1.00	NURSERY	43.00	860,424	237,524		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	409,267	210,738		2.00
	0		1,269,691	448,262		
	F - MOVE LEFTOVER SNF AND PSYCH EXP'S					
1.00	ADULTS & PEDIATRICS	30.00	18,383	294,695		1.00
2.00		0.00	0	0		2.00
	0		18,383	294,695		
	G - TO KEEP EXPS CONSISTENT WITH REVS					
1.00	EMERGENCY	91.00	0	6,466		1.00
	0		0	6,466		
	I - INTERPRETER SERVICES					
1.00	ADULTS & PEDIATRICS	30.00	0	26,380		1.00
	0		0	26,380		
	J - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	16,729,739		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
	0		0	16,729,739		
	L - MEDICAL & IMPLANTABLE SUPPLY COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	26,692,495		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	33,688,154		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
	0		0	60,380,649		

RECLASSIFICATIONS

Provider CCN: 14-0053

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

Worksheet A-6

Date/Time Prepared:
11/26/2019 12:35 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	M - RN-BSN PROGRAM/EDUCATION					
1.00	NURSING SCHOOL	20.00	13,743	0		1.00
2.00	NURSING ADMINISTRATION	13.00	11,648	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
			25,391	0		
	N - LEGAL FEES					
1.00	OTHER ADMIN & GENERAL	5.06	0	138,892		1.00
			0	138,892		
	O - UTILITIES/TELEPHONE FOR PDC					
1.00	COMMUNICATIONS	5.01	0	2,854		1.00
			0	2,854		
	P - PHARMACY CONTINUING EDUCATION/SERVI					
1.00	PARAMED ED (PHARMACY)	23.03	168,232	25,000		1.00
			168,232	25,000		
	Q - NURSING BONUSES					
1.00	OTHER ADMIN & GENERAL	5.06	500	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	15,608	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	8,079	0		3.00
4.00	HIGH RISK NEONATAL	35.00	7,887	0		4.00
5.00	OPERATING ROOM	50.00	5,071	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	5,604	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	529	0		7.00
8.00	RESPIRATORY THERAPY	65.00	2,071	0		8.00
9.00	ELECTROCARDIOLOGY	69.00	501	0		9.00
10.00	OTHER ANCILLARY	76.00	1,000	0		10.00
11.00	CARDIAC REHABILITATION	76.97	502	0		11.00
12.00	EMERGENCY	91.00	7,847	0		12.00
13.00	HOME INFUSION	117.00	536	0		13.00
			55,735	0		
	R - NEW GRAD RN ONSITE TRAINING					
1.00	NURSING SCHOOL	20.00	951	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	31,706	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	265	0		3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	1,210	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	942	0		5.00
6.00	EMERGENCY	91.00	11,563	0		6.00
			46,637	0		
	S - ACADEMIC SUPPORT					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	12,576,651		1.00
	COSTS APPRV					
			0	12,576,651		
	T - OUTPATIENT ROUTINE SERVICES					
1.00	OTHER ANCILLARY	76.00	1,070,030	548,511		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
			1,070,030	548,511		
	U - RADIOLOGY ADMINISTRATION					
1.00	RADIOISOTOPE	56.00	67,317	51,455		1.00
2.00	CT SCAN	57.00	110,599	56,968		2.00
3.00	MRI	58.00	60,490	18,491		3.00
			238,406	126,914		
	V - SHORT-TERM DISABILITY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,073,424		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

RECLASSIFICATIONS

Provider CCN: 14-0053

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

Worksheet A-6

Date/Time Prepared:
11/26/2019 12:35 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
	0		0	1,073,424		
	W - MACARTHUR LEASE EXPENSE					
1.00	PATIENT ACCOUNTING	5.05	0	105,329		1.00
	0		0	105,329		
	X - MOVEABLE EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	12,316,559		1.00
	0		0	12,316,559		
	Y - CAPITAL INSURANCE EXPENSE					
1.00	OTHER CAP REL COSTS	3.00	0	359,135		1.00
	0		0	359,135		
	Z - PASTORAL CARE					
1.00	PARAMED ED (PASTORAL CARE)	23.04	131	0		1.00
	0		131	0		
	AA - SHARED COLLEAGUES RECLASS					
1.00	OTHER ADMIN & GENERAL	5.06	0	2,913,345		1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	0	634,795		2.00
	0		0	3,548,140		
	AB - SIGN ON & RETENTION BONUS					
1.00	INFORMATION SYSTEMS	5.02	37	0		1.00
2.00	PATIENT ACCOUNTING	5.05	16	0		2.00
3.00	OTHER ADMIN & GENERAL	5.06	24,378	0		3.00
4.00	NURSING ADMINISTRATION	13.00	20,877	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	272,145	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	126,465	0		6.00
7.00	HIGH RISK NEONATAL	35.00	61,393	0		7.00
9.00	SKILLED NURSING FACILITY	44.00	12	0		9.00
10.00	OPERATING ROOM	50.00	61,553	0		10.00
11.00	GASTRODIAGNOSTIC UNIT	50.01	35,841	0		11.00
12.00	RECOVERY ROOM	51.00	1,136	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	78,073	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	11,229	0		14.00
15.00	RADIOISOTOPE	56.00	7,486	0		15.00
16.00	CT SCAN	57.00	2,187	0		16.00
17.00	MRI	58.00	8,611	0		17.00
19.00	RESPIRATORY THERAPY	65.00	60,159	0		19.00
20.00	PHYSICAL THERAPY	66.00	28,467	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	9,051	0		21.00
22.00	OTHER ANCILLARY	76.00	2,198	0		22.00
23.00	EMERGENCY	91.00	102,158	0		23.00
24.00	HOME HEALTH AGENCY	101.00	41,331	0		24.00
25.00	HOSPICE	116.00	1,432	0		25.00
26.00	HOME INFUSION	117.00	8,852	0		26.00
27.00	NON REIMBURSABLE-OTHER	194.00	2,105	0		27.00
	0		967,192	0		
	AC - MOB BUILDING RECLASS					
1.00	OTHER ADMIN & GENERAL	5.06	0	36,846		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	67,580		2.00
3.00	LABORATORY	60.00	0	19,803		3.00
4.00	PHYSICAL THERAPY	66.00	0	95,949		4.00
5.00	OTHER ANCILLARY	76.00	0	29,349		5.00
6.00	NON REIMBURSABLE-RETAIL	194.02	0	22,049		6.00
	PHARMACY					
	TOTALS		0	271,576		
500.00	Grand Total: Increases		5,552,097	109,916,711		500.00

RECLASSIFICATIONS

Provider CCN: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Date/Time Prepared:
11/26/2019 12:35 pm

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00			
	A - COLLEGE OF NURSING DEPREC COSTS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	156,643	9	1.00	
	0		0	156,643			
	C - MEDICAL CARE ADMIN COSTS						
1.00	OTHER ADMIN & GENERAL	5.06	57,365	0	0	1.00	
	0		57,365	0			
	D - CAFETERIA COSTS						
1.00	DIETARY	10.00	1,634,904	780,892	0	1.00	
	0		1,634,904	780,892			
	E - NURSERY AND LABOR/DELIVERY COSTS						
1.00	ADULTS & PEDIATRICS	30.00	1,269,691	448,262	0	1.00	
2.00		0.00	0	0	0	2.00	
	0		1,269,691	448,262			
	F - MOVE LEFTOVER SNF AND PSYCH EXP'S						
1.00	SKILLED NURSING FACILITY	44.00	455	26,458	0	1.00	
2.00	SUBPROVIDER - IPF	40.00	17,928	268,237	0	2.00	
	0		18,383	294,695			
	G - TO KEEP EXPS CONSISTENT WITH REVS						
1.00	PAIN MANAGEMENT CENTER	50.02	0	6,466	0	1.00	
	0		0	6,466			
	I - INTERPRETER SERVICES						
1.00	OTHER ADMIN & GENERAL	5.06	0	26,380	0	1.00	
	0		0	26,380			
	J - DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	15,481,490	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	713	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	129	0	3.00	
4.00	OPERATING ROOM	50.00	0	13,168	0	4.00	
5.00	GASTRODIAGNOSTIC UNIT	50.01	0	26,654	0	5.00	
6.00	ANESTHESIOLOGY	53.00	0	12	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	93,279	0	7.00	
8.00	RADIOISOTOPE	56.00	0	1,561	0	8.00	
9.00	CT SCAN	57.00	0	350,601	0	9.00	
10.00	MRI	58.00	0	103,122	0	10.00	
11.00	CARDIAC CATHETERIZATION	59.00	0	180,085	0	11.00	
12.00	PHYSICAL THERAPY	66.00	0	188	0	12.00	
13.00	ELECTROCARDIOLOGY	69.00	0	404,235	0	13.00	
14.00	HYPERBARIC OXYGEN THERAPY	76.98	0	73,831	0	14.00	
15.00	EMERGENCY	91.00	0	574	0	15.00	
16.00	HOME HEALTH AGENCY	101.00	0	78	0	16.00	
17.00	HOSPICE	116.00	0	19	0	17.00	
	0		0	16,729,739			
	L - MEDICAL & IMPLANTABLE SUPPLY COSTS						
1.00	ADULTS & PEDIATRICS	30.00	0	743,887	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	326,588	0	2.00	
3.00	HIGH RISK NEONATAL	35.00	0	440,279	0	3.00	
4.00	NURSERY	43.00	0	20,360	0	4.00	
5.00	OPERATING ROOM	50.00	0	24,237,437	0	5.00	
6.00	GASTRODIAGNOSTIC UNIT	50.01	0	618,825	0	6.00	
7.00	RECOVERY ROOM	51.00	0	1,137	0	7.00	
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	96,136	0	8.00	
9.00	ANESTHESIOLOGY	53.00	0	435,957	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	958,267	0	10.00	
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	74	0	11.00	
12.00	CT SCAN	57.00	0	167,821	0	12.00	
13.00	MRI	58.00	0	10,444	0	13.00	
14.00	CARDIAC CATHETERIZATION	59.00	0	30,779,287	0	14.00	
15.00	LABORATORY	60.00	0	48	0	15.00	
16.00	RESPIRATORY THERAPY	65.00	0	518,957	0	16.00	
17.00	PHYSICAL THERAPY	66.00	0	38,288	0	17.00	
18.00	ELECTROCARDIOLOGY	69.00	0	3,345	0	18.00	
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	212,926	0	19.00	
20.00	RENAL DIALYSIS	74.00	0	2,393	0	20.00	
21.00	OTHER ANCILLARY	76.00	0	94,840	0	21.00	
22.00	HYPERBARIC OXYGEN THERAPY	76.98	0	6,300	0	22.00	
23.00	EMERGENCY	91.00	0	173,747	0	23.00	
24.00	HOME HEALTH AGENCY	101.00	0	160,138	0	24.00	
25.00	HOSPICE	116.00	0	39,060	0	25.00	
26.00	HOME INFUSION	117.00	0	294,108	0	26.00	
	0		0	60,380,649			
	M - RN-BSN PROGRAM/EDUCATION						
1.00	NURSING ADMINISTRATION	13.00	1,265	0	0	1.00	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	12	0	0	2.00	
3.00	OTHER ADMIN & GENERAL	5.06	12,209	0	0	3.00	

RECLASSIFICATIONS

Provider CCN: 14-0053

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

Worksheet A-6

Date/Time Prepared:
11/26/2019 12:35 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
4.00	ADULTS & PEDIATRICS	30.00	8,803	0	0		4.00
5.00	HIGH RISK NEONATAL	35.00	3,102	0	0		5.00
	0		25,391	0			
N - LEGAL FEES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	138,892	0		1.00
	0		0	138,892			
O - UTILITIES/TELEPHONE FOR PDC							
1.00	CARDIAC CATHETERIZATION	59.00	0	2,854	0		1.00
	0		0	2,854			
P - PHARMACY CONTINUING EDUCATION/SERVI							
1.00	PHARMACY	15.00	168,232	25,000	0		1.00
	0		168,232	25,000			
Q - NURSING BONUSES							
1.00	NURSING ADMINISTRATION	13.00	55,735	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
	0		55,735	0			
R - NEW GRAD RN ONSITE TRAINING							
1.00	NURSING ADMINISTRATION	13.00	46,637	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	0		46,637	0			
S - ACADEMIC SUPPORT							
1.00	OTHER ADMIN & GENERAL	5.00	0	12,576,651	0		1.00
	0		0	12,576,651			
T - OUTPATIENT ROUTINE SERVICES							
1.00	ADULTS & PEDIATRICS	30.00	987,007	499,835			1.00
2.00	INTENSIVE CARE UNIT	31.00	76,838	47,140			2.00
3.00	HIGH RISK NEONATAL	35.00	1,085	243	0		3.00
4.00	NURSERY	43.00	5,100	1,293	0		4.00
	0		1,070,030	548,511			
U - RADIOLOGY ADMINISTRATION							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	238,406	126,914	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		238,406	126,914			
V - SHORT-TERM DISABILITY							
1.00	COMMUNICATIONS	5.01	6,535	0	0		1.00
2.00	ADMITTING	5.04	14,034	0	0		2.00
3.00	PATIENT ACCOUNTING	5.05	17,787	0	0		3.00
4.00	OTHER ADMIN & GENERAL	5.06	59,572	0	0		4.00
5.00	MAINTENANCE & REPAIRS	6.00	12,069	0	0		5.00
6.00	OPERATION OF PLANT	7.00	3,264	0	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	2,023	0	0		7.00
8.00	HOUSEKEEPING	9.00	14,732	0	0		8.00
9.00	DIETARY	10.00	25,922	0	0		9.00
10.00	NURSING ADMINISTRATION	13.00	73,420	0	0		10.00
11.00	PHARMACY	15.00	22,355	0	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	23,945	0	0		12.00
13.00	NURSING SCHOOL	20.00	24,651	0	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	176,870	0	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	54,828	0	0		15.00
16.00	HIGH RISK NEONATAL	35.00	85,406	0	0		16.00
17.00	OPERATING ROOM	50.00	79,978	0	0		17.00
18.00	GASTRODIAGNOSTIC UNIT	50.01	35,754	0	0		18.00
19.00	RECOVERY ROOM	51.00	6,379	0	0		19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	42,333	0	0		20.00
21.00	ANESTHESIOLOGY	53.00	14,719	0	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	14,731	0	0		22.00
23.00	CT SCAN	57.00	2,165	0	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	37,778	0	0		24.00

RECLASSIFICATIONS

Provider CCN: 14-0053

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

Worksheet A-6

Date/Time Prepared:
11/26/2019 12:35 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
25.00	LABORATORY	60.00	29,528	0	0		25.00
26.00	RESPIRATORY THERAPY	65.00	36,426	0	0		26.00
27.00	PHYSICAL THERAPY	66.00	41,505	0	0		27.00
28.00	ELECTROCARDIOLOGY	69.00	13,009	0	0		28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	19,246	0	0		29.00
30.00	OTHER ANCILLARY	76.00	12,835	0	0		30.00
31.00	EMERGENCY	91.00	26,078	0	0		31.00
32.00	HOME HEALTH AGENCY	101.00	14,715	0	0		32.00
33.00	HOSPICE	116.00	18,557	0	0		33.00
34.00	HOME INFUSION	117.00	6,779	0	0		34.00
35.00	NON REIMBURSABLE-OTHER	194.00	3,496	0	0		35.00
			1,073,424	0			
W - MACARTHUR LEASE EXPENSE							
1.00	OPERATION OF PLANT	7.00	0	105,329	0		1.00
			0	105,329			
X - MOVEABLE EQUIPMENT DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	12,316,559	9		1.00
			0	12,316,559			
Y - CAPITAL INSURANCE EXPENSE							
1.00	OTHER ADMIN & GENERAL	5.06	0	359,135	0		1.00
			0	359,135			
Z - PASTORAL CARE							
1.00	OTHER ADMIN & GENERAL	5.06	131	0	0		1.00
			131	0			
AA - SHARED COLLEAGUES RECLASS							
1.00	OTHER ADMIN & GENERAL	5.06	2,913,345		0		1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	634,795		0		2.00
			3,548,140	0			
AB - SIGN ON & RETENTION BONUS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	967,192	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
			967,192	0			
AC - MOB BUILDING RECLASS							
1.00	OPERATION OF PLANT	7.00	0	271,576	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	TOTALS		0	271,576			
500.00	Grand Total: Decreases		10,173,661	105,295,147			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
11/26/2019 12:35 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	23,002,427	0	0	0	124,990	1.00
2.00	Land Improvements	11,508,031	0	0	0	0	2.00
3.00	Buildings and Fixtures	521,354,844	15,063,703	0	15,063,703	491,047	3.00
4.00	Building Improvements	17,486,219	3,512,572	0	3,512,572	137,903	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	175,293,131	17,569,017	0	17,569,017	4,055,807	6.00
7.00	HIT designated Assets	42,138,146	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	790,782,798	36,145,292	0	36,145,292	4,809,747	8.00
9.00	Reconciling Items	15,395,846	8,141,505	0	8,141,505	0	9.00
10.00	Total (line 8 minus line 9)	775,386,952	28,003,787	0	28,003,787	4,809,747	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	22,877,437	0				1.00
2.00	Land Improvements	11,508,031	0				2.00
3.00	Buildings and Fixtures	535,927,500	0				3.00
4.00	Building Improvements	20,860,888	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	188,806,341	0				6.00
7.00	HIT designated Assets	42,138,146	0				7.00
8.00	Subtotal (sum of lines 1-7)	822,118,343	0				8.00
9.00	Reconciling Items	23,537,351	0				9.00
10.00	Total (line 8 minus line 9)	798,580,992	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	22,496,524	0	0	0	0	1.00
1.01	CAP REL COSTS - CON	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	22,496,524	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	22,496,524				1.00
1.01	CAP REL COSTS - CON	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	22,496,524				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
		1.00	2.00	3.00	4.00	5.00		
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	627,879,137	0	627,879,137	0.763734	274,284	1.00	
1.01	CAP REL COSTS - CON	5,432,865	0	5,432,865	0.006608	2,373	1.01	
2.00	CAP REL COSTS-MVBLE EQUIP	188,806,341	0	188,806,341	0.229658	82,478	2.00	
3.00	Total (sum of lines 1-2)	822,118,343	0	822,118,343	1.000000	359,135	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	274,284	16,600,628	0	1.00	
1.01	CAP REL COSTS - CON	0	0	2,373	156,643	0	1.01	
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	82,478	12,316,559	0	2.00	
3.00	Total (sum of lines 1-2)	0	0	359,135	29,073,830	0	3.00	
Cost Center Description		SUMMARY OF CAPITAL						
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
		11.00	12.00	13.00	14.00	15.00		
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	274,284	0	0	16,874,912	1.00	
1.01	CAP REL COSTS - CON	0	2,373	0	0	159,016	1.01	
2.00	CAP REL COSTS-MVBLE EQUIP	0	82,478	0	0	12,399,037	2.00	
3.00	Total (sum of lines 1-2)	0	359,135	0	0	29,432,965	3.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0053

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

Worksheet A-8

Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - CAP REL COSTS - CON (chapter 2)			0CAP REL COSTS - CON	1.01	0	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-26,957	COMMUNICATIONS	5.01	0	7.00
8.00	Television and radio service (chapter 21)	A	-59,606	MAINTENANCE & REPAIRS	6.00	0	8.00
9.00	Parking lot (chapter 21)	B	-71,035	OPERATION OF PLANT	7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-30,869,827			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	3,667,723			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-73,719	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-511	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	-2,785,222	NURSING SCHOOL	20.00	0	19.00
20.00	Vending machines	B	-45,732	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS - CON			0CAP REL COSTS - CON	1.01	0	26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP 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*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0053

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

Worksheet A-8

Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	TUITUIN, FEES, BOOKS, ETC.	B	-31,651	PARAMED ED (CLINICAL LAB SCIENCE)		23.00	0	33.00
33.01	TUITION, FEES, BOOKS, ETC.	B	-19,900	PARAMED ED (PHARMACY)		23.03	0	33.01
33.02	TUITION, FEES, BOOKS, ETC.	B	-3,778	PARAMED ED (PASTORAL CARE)		23.04	0	33.02
33.03	MISCELLANEOUS OTHER OPERATING R	B	-2,752	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.03
33.04	MISCELLANEOUS OTHER OPERATING R	B	-105,709	COMMUNICATIONS		5.01	0	33.04
33.05	MISCELLANEOUS OTHER OPERATING R	B	-64,466	PATIENT ACCOUNTING		5.05	0	33.05
34.00	MISCELLANEOUS OTHER OPERATING R	B	-1,373,139	OTHER ADMIN & GENERAL		5.06	0	34.00
34.01	MISCELLANEOUS OTHER OPERATING R	B	-34,386	MAINTENANCE & REPAIRS		6.00	0	34.01
34.02	MISCELLANEOUS OTHER OPERATING R	B	-8,642	OPERATION OF PLANT		7.00	0	34.02
35.00	MISCELLANEOUS OTHER OPERATING R	B	-41,421	LAUNDRY & LINEN SERVICE		8.00	0	35.00
35.01	MISCELLANEOUS OTHER OPERATING R	B	-26,822	NURSING ADMINISTRATION		13.00	0	35.01
35.02	MISCELLANEOUS OTHER OPERATING R	B	-19,146	NURSING SCHOOL		20.00	0	35.02
35.03	MISCELLANEOUS OTHER OPERATING R	B	-697,376	I&R SERVICES-SALARY & FRINGES APPRV		21.00	0	35.03
36.00	MISCELLANEOUS OTHER OPERATING R	B	-2,430	ADULTS & PEDIATRICS		30.00	0	36.00
36.01	MISCELLANEOUS OTHER OPERATING R	B	-810	OPERATING ROOM		50.00	0	36.01
36.03	MISCELLANEOUS OTHER OPERATING R	B	-4,579	RADIOLOGY-DIAGNOSTIC		54.00	0	36.03
36.05	MISCELLANEOUS OTHER OPERATING R	B	-878	LABORATORY		60.00	0	36.05
36.06	MISCELLANEOUS OTHER OPERATING R	B	-53,380	PHYSICAL THERAPY		66.00	0	36.06
36.07	MISCELLANEOUS OTHER OPERATING R	B	-214,529	ELECTROCARDIOLOGY		69.00	0	36.07
36.08	MISCELLANEOUS OTHER OPERATING R	B	-2,340	ELECTROENCEPHALOGRAPHY		70.00	0	36.08
36.10	MISCELLANEOUS OTHER OPERATING R	B	-38,439	CARDIAC REHABILITATION		76.97	0	36.10
36.11	MISCELLANEOUS OTHER OPERATING R	B	-173,732	EMERGENCY		91.00	0	36.11
36.12	MISCELLANEOUS OTHER OPERATING R	B	-49	HOME HEALTH AGENCY		101.00	0	36.12
36.13	MISCELLANEOUS OTHER OPERATING R	B	-97	HOSPICE		116.00	0	36.13
36.14	MISCELLANEOUS OTHER OPERATING R	B	-10,770	HOME INFUSION		117.00	0	36.14
36.17	RENTAL OF HOSPITAL SPACE	B	-1,439,630	OPERATION OF PLANT		7.00	0	36.17
36.18	RENTAL OF HOSPITAL SPACE	B	611	NURSING SCHOOL		20.00	0	36.18
36.19	RENTAL OF HOSPITAL SPACE	B	-7,845	PHYSICAL THERAPY		66.00	0	36.19
37.00	RENTAL OF HOSPITAL SPACE	B	-17,407	ELECTROCARDIOLOGY		69.00	0	37.00
37.01	INTERCOMPANY REVENUE	B	-4,035	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	37.01
37.02	INTERCOMPANY REVENUE	B	-3,286	COMMUNICATIONS		5.01	0	37.02
37.04	INTERCOMPANY REVENUE	B	-1,156	INFORMATION SYSTEMS		5.02	0	37.04
37.06	INTERCOMPANY REVENUE	B	-3,533,292	OTHER ADMIN & GENERAL		5.06	0	37.06
37.07	INTERCOMPANY REVENUE	B	-47,725	MAINTENANCE & REPAIRS		6.00	0	37.07
37.08	INTERCOMPANY REVENUE	B	-1,455,846	OPERATION OF PLANT		7.00	0	37.08
37.09	INTERCOMPANY REVENUE	B	-113,952	NURSING ADMINISTRATION		13.00	0	37.09
37.11	INTERCOMPANY REVENUE	B	-15,542	PHARMACY		15.00	0	37.11
37.12	INTERCOMPANY REVENUE	B	-2,488	NURSING SCHOOL		20.00	0	37.12
37.13	INTERCOMPANY REVENUE	B	-800	PARAMED ED (PASTORAL CARE)		23.04	0	37.13
37.14	INTERCOMPANY REVENUE	B	-396,732	ADULTS & PEDIATRICS		30.00	0	37.14
37.15	INTERCOMPANY REVENUE	B	-26,317	RADIOLOGY-DIAGNOSTIC		54.00	0	37.15
37.16	INTERCOMPANY REVENUE	B	-550,775	CARDIAC CATHETERIZATION		59.00	0	37.16

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0053

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

Worksheet A-8

Date/Time Prepared:
11/26/2019 12:35 pm

				Expense Classification on Worksheet A		11/26/2019 12:35 pm	
				To/From Which the Amount is to be Adjusted			
Cost Center Description		Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
37.17	INTERCOMPANY REVENUE	B	-43,481	LABORATORY	60.00	0	37.17
37.18	INTERCOMPANY REVENUE	B	-21,229	PHYSICAL THERAPY	66.00	0	37.18
37.21	INTERCOMPANY REVENUE	B	-81,384	ELECTROCARDIOLOGY	69.00	0	37.21
38.00	INTERCOMPANY REVENUE	B	-162,906	EMERGENCY	91.00	0	38.00
39.00	EMPLOYEE HEALTH INSURANCE	B	-28,950,839	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.00
39.02	ADVERTISING/SPONSORSHIP	A	-1,178	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.02
39.03	ADVERTISING/SPONSORSHIP	A	-888,285	OTHER ADMIN & GENERAL	5.06	0	39.03
39.04	ADVERTISING/SPONSORSHIP	A	-2,500	NURSING ADMINISTRATION	13.00	0	39.04
39.05	ADVERTISING/SPONSORSHIP	A	-18,938	NURSING SCHOOL	20.00	0	39.05
40.00	ADVERTISING/SPONSORSHIP	A	-735	PHYSICAL THERAPY	66.00	0	40.00
40.01	ADVERTISING/SPONSORSHIP	A	-4,394	EMERGENCY	91.00	0	40.01
40.02	ADVERTISING/SPONSORSHIP	A	-1,800	HOME HEALTH AGENCY	101.00	0	40.02
41.00	ADVERTISING/SPONSORSHIP	A	-1,800	HOSPICE	116.00	0	41.00
41.01	ADVERTISING/SPONSORSHIP	A	-1,800	HOME INFUSION	117.00	0	41.01
42.00	LOBBYING COSTS	A	-55,772	OTHER ADMIN & GENERAL	5.06	0	42.00
42.01	COUNTRY CLUB DUES	A	-2,039	OTHER ADMIN & GENERAL	5.06	0	42.01
42.02	PHYSICIAN RECRUITMENT	A	-10,000	ADULTS & PEDIATRICS	30.00	0	42.02
44.00	INTANGIBLE	A	-1,033,731	OPERATING ROOM	50.00	0	44.00
	AMORTIZATION/GAIN-LO						
44.01	INTANGIBLE	A	0	PHYSICAL THERAPY	66.00	0	44.01
	AMORTIZATION/GAIN-LO						
44.02	INTANGIBLE	A	-98,430	OTHER ADMIN & GENERAL	5.06	0	44.02
	AMORTIZATION/GAIN-LO						
44.03	PENSION	A	-20,065,281	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.03
44.04	NONALLOWABLE FOOD/DRINK	A	-5,085	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.04
45.00	NONALLOWABLE FOOD/DRINK	A	-31,314	OTHER ADMIN & GENERAL	5.06	0	45.00
46.00	NONALLOWABLE FOOD/DRINK	A	-275	DIETARY	10.00	0	46.00
46.01	NONALLOWABLE FOOD/DRINK	A	-539	NURSING ADMINISTRATION	13.00	0	46.01
46.03	NONALLOWABLE FOOD/DRINK	A	-152	EMERGENCY	91.00	0	46.03
46.04	MEDICAL GROUP PURCHASED SERVICE	A	-61,735,506	OTHER ADMIN & GENERAL	5.06	0	46.04
47.00	PROPERTY TAX	A	-219,721	OTHER ADMIN & GENERAL	5.06	0	47.00
47.01	PROPERTY TAX	A	-228,288	OPERATION OF PLANT	7.00	0	47.01
47.02	MEDICAID ASSESSMENT	A	-19,193,603	OTHER ADMIN & GENERAL	5.06	0	47.02
47.03	NONALLOWABLE INTEREST	A	-5,102,105	INTEREST EXPENSE	113.00	0	47.03
47.04	NON-PATIENT CARE TRAVEL	A	-246	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.04
47.05	NON-PATIENT CARE TRAVEL	A	0	COMMUNICATIONS	5.01	0	47.05
47.06	NON-PATIENT CARE TRAVEL	A	-180	PURCHASING/RECEIVING/STORES	5.03	0	47.06
47.07	NON-PATIENT CARE TRAVEL	A	0	ADMITTING	5.04	0	47.07
47.08	NON-PATIENT CARE TRAVEL	A	-1,312	PATIENT ACCOUNTING	5.05	0	47.08
47.09	NON-PATIENT CARE TRAVEL	A	-32,634	OTHER ADMIN & GENERAL	5.06	0	47.09
47.10	NON-PATIENT CARE TRAVEL	A	0	MAINTENANCE & REPAIRS	6.00	0	47.10
47.11	NON-PATIENT CARE TRAVEL	A	-2,143	NURSING ADMINISTRATION	13.00	0	47.11
47.12	NON-PATIENT CARE TRAVEL	A	0	PHARMACY	15.00	0	47.12
47.13	NON-PATIENT CARE TRAVEL	A	0	MEDICAL RECORDS & LIBRARY	16.00	0	47.13
47.14	NON-PATIENT CARE TRAVEL	A	-11,797	NURSING SCHOOL	20.00	0	47.14
47.15	NON-PATIENT CARE TRAVEL	A	-2,904	HIGH RISK NEONATAL	35.00	0	47.15
47.16	NON-PATIENT CARE TRAVEL	A	0	RADIOLOGY-DIAGNOSTIC	54.00	0	47.16
47.17	NON-PATIENT CARE TRAVEL	A	0	CARDIAC CATHETERIZATION	59.00	0	47.17
47.18	NON-PATIENT CARE TRAVEL	A	0	LABORATORY	60.00	0	47.18
47.19	NON-PATIENT CARE TRAVEL	A	-233	PHYSICAL THERAPY	66.00	0	47.19
47.20	NON-PATIENT CARE TRAVEL	A	0	ELECTROCARDIOLOGY	69.00	0	47.20
47.21	NON-PATIENT CARE TRAVEL	A	-9,851	EMERGENCY	91.00	0	47.21
47.22	NON-PATIENT CARE TRAVEL	A	0	HOSPICE	116.00	0	47.22
47.23	NON-PATIENT CARE TRAVEL	A	-383	INTENSIVE CARE UNIT	31.00	0	47.23
47.24	NON-PATIENT CARE TRAVEL	A	-932	CARDIAC REHABILITATION	76.97	0	47.24
47.25	NON-PATIENT CARE TRAVEL	A	-868	PARAMED ED (PHARMACY)	23.03	0	47.25
48.00	NONALLOWABLE MEALS	A	-385,649	OTHER ADMIN & GENERAL	5.06	0	48.00
48.01	ASSET RE-LIFING DEPRECIATION	A	6,577,306	CAP REL COSTS-BLDG & FIXT	1.00	9	48.01
48.02	CHARITABLE CONTRIBUTIONS	A	-6,316	OTHER ADMIN & GENERAL	5.06	0	48.02
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-172,653,576				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0053

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

Worksheet A-8-1

Date/Time Prepared:
11/26/2019 12:35 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH & DENTAL PREMIUM	32,678,734	32,119,480 1.00
2.00		5.02	INFORMATION SYSTEMS	CONTRACTED SERVICES ISC	32,838,567	29,165,914 2.00
3.00		5.06	OTHER ADMIN & GENERAL	CONTRACTED SERVICES-SSC	7,988,824	8,564,828 3.00
3.01		20.00	NURSING SCHOOL	CONTRACTED SERVICES-HSHS	233,809	221,989 3.01
3.02		5.06	OTHER ADMIN & GENERAL	RELATED SERVICES - HSHS	1,033,594	1,033,594 3.02
4.00		0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			74,773,528	71,105,805	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	B		0.00	HOSPITAL SISTERS HEALTH SYSTEM	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0053

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

Worksheet A-8-1

Date/Time Prepared:
11/26/2019 12:35 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	559,254	0		1.00
2.00	3,672,653	0		2.00
3.00	-576,004	0		3.00
3.01	11,820	0		3.01
3.02	0	0		3.02
4.00	0	0		4.00
5.00	3,667,723			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0053

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

Worksheet A-8-2

Date/Time Prepared:
11/26/2019 12:35 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	OTHER ADMIN & GENERAL	17,441,066	16,334,941	1,106,125	211,500	5,340	1.00
2.00	13.00	NURSING ADMINISTRATION	34,545	0	34,545	211,500	262	2.00
3.00	30.00	ADULTS & PEDIATRICS	5,081,202	4,808,220	272,982	211,500	1,334	3.00
4.00	35.00	HIGH RISK NEONATAL	255,476	140,000	115,476	211,500	754	4.00
5.00	50.00	OPERATING ROOM	7,549	7,549	0	246,400	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	1,314,000	1,314,000	0	246,400	0	6.00
7.00	53.00	ANESTHESIOLOGY	291,400	0	291,400	239,400	1,227	7.00
8.00	57.00	CT SCAN	17,262	17,262	0	271,900	0	8.00
9.00	60.00	LABORATORY	199,000	0	199,000	260,300	5,820	9.00
10.00	65.00	RESPIRATORY THERAPY	23,624	23,624	0	211,500	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	2,862,340	2,630,277	232,063	211,500	928	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	16,738	7,150	9,588	211,500	70	12.00
13.00	74.00	RENAL DIALYSIS	37,000	37,000	0	211,500	0	13.00
14.00	76.98	HYPERBARIC OXYGEN THERAPY	105,200	0	105,200	211,500	1,239	14.00
15.00	91.00	EMERGENCY	4,579,278	4,468,827	110,451	211,500	659	15.00
200.00			32,265,680	29,788,850	2,476,830		17,633	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	OTHER ADMIN & GENERAL	542,986	27,149	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	26,641	1,332	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	135,645	6,782	0	0	0	3.00
4.00	35.00	HIGH RISK NEONATAL	76,669	3,833	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	141,223	7,061	0	0	0	7.00
8.00	57.00	CT SCAN	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	728,339	36,417	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	94,362	4,718	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	7,118	356	0	0	0	12.00
13.00	74.00	RENAL DIALYSIS	0	0	0	0	0	13.00
14.00	76.98	HYPERBARIC OXYGEN THERAPY	125,985	6,299	0	0	0	14.00
15.00	91.00	EMERGENCY	67,009	3,350	0	0	0	15.00
200.00			1,945,977	97,297	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	OTHER ADMIN & GENERAL	0	542,986	563,139	16,898,080		1.00
2.00	13.00	NURSING ADMINISTRATION	0	26,641	7,904	7,904		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	135,645	137,337	4,945,557		3.00
4.00	35.00	HIGH RISK NEONATAL	0	76,669	38,807	178,807		4.00
5.00	50.00	OPERATING ROOM	0	0	0	7,549		5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,314,000		6.00
7.00	53.00	ANESTHESIOLOGY	0	141,223	150,177	150,177		7.00
8.00	57.00	CT SCAN	0	0	0	17,262		8.00
9.00	60.00	LABORATORY	0	728,339	0	0		9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	23,624		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	94,362	137,701	2,767,978		11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	7,118	2,470	9,620		12.00
13.00	74.00	RENAL DIALYSIS	0	0	0	37,000		13.00
14.00	76.98	HYPERBARIC OXYGEN THERAPY	0	125,985	0	0		14.00
15.00	91.00	EMERGENCY	0	67,009	43,442	4,512,269		15.00
200.00			0	1,945,977	1,080,977	30,869,827		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP		
		0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	16,874,912	16,874,912			1.00
1.01	00101	CAP REL COSTS - CON	159,016	0	159,016		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	12,399,037		12,399,037		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	34,869,408	76,561	0	13,720	34,959,689
5.01	00580	COMMUNICATIONS	533,838	31,481	0	1,394,373	73,048
5.02	00540	INFORMATION SYSTEMS	32,852,609	193,341	0	0	2,291
5.03	00550	PURCHASING/RECEIVING/STORES	1,043,027	167,318	0	4,361	144,590
5.04	00570	ADMITTING	1,644,028	41,223	0	51,822	371,318
5.05	00560	PATIENT ACCOUNTING	4,283,113	6,815	0	28,934	610,607
5.06	00590	OTHER ADMIN & GENERAL	22,558,913	1,490,141	0	310,438	2,876,896
6.00	00600	MAINTENANCE & REPAIRS	12,343,207	59,448	0	96,834	937,296
7.00	00700	OPERATION OF PLANT	9,276,261	8,086,300	0	188,586	486,038
8.00	00800	LAUNDRY & LINEN SERVICE	2,962,040	546,490	0	572,545	151,080
9.00	00900	HOUSEKEEPING	4,459,588	90,704	0	1,962	605,053
10.00	01000	DIETARY	1,241,132	111,012	0	1,289	196,473
11.00	01100	CAFETERIA	2,415,796	204,269	0	2,371	372,336
13.00	01300	NURSING ADMINISTRATION	4,063,957	180,575	0	131,243	728,537
14.00	01400	CENTRAL SERVICES & SUPPLY	785,357	442,679	0	42,629	133,990
15.00	01500	PHARMACY	8,586,341	93,845	0	34,788	1,264,705
16.00	01600	MEDICAL RECORDS & LIBRARY	4,299,866	87,425	0	8,915	504,282
20.00	02000	NURSING SCHOOL	-97,557	0	159,016	108,038	500,289
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,011,874	0	0	0	1,527,978
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	12,634,016	139,405	0	0	13,064
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	90,226	5,234	0	0	26,805
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0
23.03	02303	PARAMED ED (PHARMACY)	372,867	0	0	0	78,612
23.04	02304	PARAMED ED (PASTORAL CARE)	82,995	3,109	0	0	17,998
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	31,006,576	1,035,434	0	694,490	5,473,769
31.00	03100	INTENSIVE CARE UNIT	12,189,567	322,277	0	446,558	1,731,560
35.00	02040	HIGH RISK NEONATAL	8,614,698	149,607	0	132,014	1,639,176
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	1,072,227	33,927	0	15,278	194,793
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14,764,028	545,700	0	2,808,561	2,337,453
50.01	05001	GASTRODIAGNOSTIC UNIT	997,328	61,434	0	277,722	203,065
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0
51.00	05100	RECOVERY ROOM	2,004,089	129,065	0	127,180	426,176
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,906,414	153,154	0	68,956	894,088
53.00	05300	ANESTHESIOLOGY	2,439,792	8,375	0	321,367	206,073
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,482,844	195,157	0	939,698	833,789
55.00	05500	RADIOLOGY-THERAPEUTIC	410,407	0	0	361,440	72,989
56.00	05600	RADIOISOTOPE	1,288,563	79,413	0	78,402	124,855
57.00	05700	CT SCAN	1,174,149	28,095	0	277,295	202,337
58.00	05800	MRI	647,554	32,902	0	409,576	112,622
59.00	05900	CARDIAC CATHETERIZATION	7,264,820	344,336	0	1,608,972	1,162,075
60.00	06000	LABORATORY	13,850,523	199,077	0	147,242	1,125,069
65.00	06500	RESPIRATORY THERAPY	4,449,996	35,423	0	142,110	894,972
66.00	06600	PHYSICAL THERAPY	6,452,841	18,416	0	26,474	1,257,665
69.00	06900	ELECTROCARDIOLOGY	2,690,637	276,952	0	234,916	598,429
70.00	07000	ELECTROENCEPHALOGRAPHY	1,027,647	18,737	0	81,489	174,774
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,692,495	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,688,154	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	16,729,739	0	0	0	0
74.00	07400	RENAL DIALYSIS	1,457,181	17,498	0	318	0
76.00	03020	OTHER ANCILLARY	2,898,005	29,622	0	1,994	520,923
76.97	07697	CARDIAC REHABILITATION	544,912	61,082	0	33,712	127,898
76.98	07698	HYPERBARIC OXYGEN THERAPY	824,542	28,725	0	13,112	124,535
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	7,925,170	185,991	0	119,480	1,321,828
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	4,533,228	48,979	0	1,305	915,041
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	1,245,401	16,323	0	0	142,172

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP		
			0	1.00	1.01	2.00	4.00	
117.00	06950	HOME INFUSION	3,389,767	0	0	22,933	177,844	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	418,409,161	16,113,076	159,016	12,385,442	34,619,256	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	373,129	69,094	0	73	29,546	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,281,945	599,261	0	9,079	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	1,222,231	73,142	0	4,145	153,852	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	-148,884	20,339	0	0	121,362	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	228,366	0	0	298	35,673	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	421,365,948	16,874,912	159,016	12,399,037	34,959,689	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

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Cost Center Description			COMMUNICATIONS	INFORMATION SYSTEMS	PURCHASING/RECEIVING/STORES	ADMITTING	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS	2,032,740					5.01
5.02	00540	INFORMATION SYSTEMS	122,703	33,170,944				5.02
5.03	00550	PURCHASING/RECEIVING/STORES	9,886	127,561	1,496,743			5.03
5.04	00570	ADMITTING	34,601	581,678	268	2,724,938		5.04
5.05	00560	PATIENT ACCOUNTING	32,275	3,510,477	0	0	8,472,221	5.05
5.06	00590	OTHER ADMIN & GENERAL	176,785	1,296,019	10,928	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	21,226	178,585	24,132	0	0	6.00
7.00	00700	OPERATION OF PLANT	74,145	96,946	6,864	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,361	0	14,949	0	0	8.00
9.00	00900	HOUSEKEEPING	9,304	86,741	3,535	0	0	9.00
10.00	01000	DIETARY	18,318	61,229	122	0	0	10.00
11.00	01100	CAFETERIA	0	107,151	224	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	22,680	653,112	1,089	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,432	168,380	0	0	0	14.00
15.00	01500	PHARMACY	24,424	892,927	267,033	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	26,750	1,056,204	596	0	0	16.00
20.00	02000	NURSING SCHOOL	20,354	780,673	961	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,454	25,512	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	872	20,410	10	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	4	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	10,205	4	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	407,655	9,005,807	25,033	173,008	537,784	30.00
31.00	03100	INTENSIVE CARE UNIT	81,414	1,627,677	22,267	59,261	184,208	31.00
35.00	02040	HIGH RISK NEONATAL	19,191	551,063	1,140	78,747	244,781	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	142,868	1,218	6,892	21,422	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	155,269	2,964,516	0	292,008	907,689	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	7,851	275,532	1,194	28,931	89,931	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	11,049	459,219	1,283	26,782	83,252	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	582	642,907	14,166	30,841	95,866	52.00
53.00	05300	ANESTHESIOLOGY	8,432	612,292	18,902	72,861	226,484	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	56,699	653,112	2,921	116,270	361,418	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,014	265,327	70	12,210	37,953	55.00
56.00	05600	RADIOISOTOPE	8,723	122,458	10,112	30,022	93,322	56.00
57.00	05700	CT SCAN	4,071	35,717	2,017	171,457	532,965	57.00
58.00	05800	MRI	3,489	71,434	1,257	28,986	90,101	58.00
59.00	05900	CARDIAC CATHETERIZATION	46,813	418,400	0	388,252	1,208,775	59.00
60.00	06000	LABORATORY	53,501	872,517	52,821	190,995	593,697	60.00
65.00	06500	RESPIRATORY THERAPY	10,177	198,995	0	71,523	222,325	65.00
66.00	06600	PHYSICAL THERAPY	52,919	653,112	1,232	47,615	148,008	66.00
69.00	06900	ELECTROCARDIOLOGY	31,984	326,556	2,278	128,293	398,791	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,560	81,639	0	22,917	71,236	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	431,582	136,973	425,773	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	516,232	167,196	519,719	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	254,940	792,466	73.00
74.00	07400	RENAL DIALYSIS	2,326	51,024	324	5,665	17,610	74.00
76.00	03020	OTHER ANCILLARY	22,098	168,380	0	17,340	53,900	76.00
76.97	07697	CARDIAC REHABILITATION	2,908	96,946	232	4,100	12,744	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	8,432	214,302	1,106	6,371	19,804	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	81,414	1,566,448	17,313	136,629	424,704	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	43,615	913,336	557	7,545	23,452	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,908	0	1,192	2,787	8,662	116.00
117.00	06950	HOME INFUSION	3,198	91,844	32,916	7,521	23,379	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,751,862	32,737,238	1,490,084	2,724,938	8,472,221	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,326	0	3,195	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	184,054	331,658	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			COMMUNICATIONS	INFORMATION SYSTEMS	PURCHASING/REC EIVING/STORES	ADMITTING	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
194.00	07950	NON REIMBURSABLE-OTHER	90,137	86,741	991	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	4,361	15,307	2,473	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	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)	2,032,740	33,170,944	1,496,743	2,724,938	8,472,221	202.00

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Cost Center Description			Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A.05	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL	28,720,120	28,720,120				5.06
6.00	00600	MAINTENANCE & REPAIRS	13,660,728	999,214	14,659,942			6.00
7.00	00700	OPERATION OF PLANT	18,215,140	1,332,346	1,101,957	20,649,443		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,251,465	310,973	2,763	1,616,859	6,182,060	8.00
9.00	00900	HOUSEKEEPING	5,256,887	384,515	267,990	268,360	0	9.00
10.00	01000	DIETARY	1,629,575	119,195	2,621,096	328,441	0	10.00
11.00	01100	CAFETERIA	3,102,147	226,907	4,823,236	604,355	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,781,193	422,865	89,396	534,254	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,581,467	115,676	375,344	1,309,719	0	14.00
15.00	01500	PHARMACY	11,164,063	816,595	46,770	277,652	10,518	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,984,038	437,702	8,683	258,657	0	16.00
20.00	02000	NURSING SCHOOL	1,471,774	107,653	42,034	760,737	491	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	7,566,818	553,475	1,381	0	27,040	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	12,786,485	935,267	0	412,448	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	143,557	10,500	3,552	15,487	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	451,483	33,024	0	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	114,311	8,361	0	9,197	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,359,556	3,537,304	951,583	3,063,460	961,001	30.00
31.00	03100	INTENSIVE CARE UNIT	16,664,789	1,218,946	305,683	953,497	189,990	31.00
35.00	02040	HIGH RISK NEONATAL	11,430,417	836,078	216,484	442,631	98,781	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	1,488,625	108,885	48,743	100,378	27,754	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,775,224	1,812,184	788,381	1,614,520	397,186	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	1,942,988	142,120	82,884	181,761	26,202	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	3,268,095	239,045	787,197	381,854	10,278	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,806,974	497,896	220,234	453,124	131,252	52.00
53.00	05300	ANESTHESIOLOGY	3,914,578	286,332	194,382	24,778	9,428	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,641,908	558,967	165,373	577,395	136,621	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,169,410	85,536	24,865	0	5,214	55.00
56.00	05600	RADIOISOTOPE	1,835,870	134,285	32,364	234,953	4,460	56.00
57.00	05700	CT SCAN	2,428,103	177,604	17,958	83,122	0	57.00
58.00	05800	MRI	1,397,921	102,251	24,865	97,344	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,442,443	910,102	204,446	1,018,762	128,655	59.00
60.00	06000	LABORATORY	17,085,442	1,249,715	136,363	588,994	1,449	60.00
65.00	06500	RESPIRATORY THERAPY	6,025,521	440,737	302,723	104,803	916	65.00
66.00	06600	PHYSICAL THERAPY	8,658,282	633,310	73,609	54,487	23,031	66.00
69.00	06900	ELECTROCARDIOLOGY	4,688,836	342,965	103,605	819,396	48,945	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,485,999	108,693	30,785	55,436	16,845	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,686,823	2,025,153	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,891,301	2,552,124	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,777,145	1,300,309	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,551,946	113,517	10,656	51,769	3,766	74.00
76.00	03020	OTHER ANCILLARY	3,712,262	271,533	28,417	87,641	5,669	76.00
76.97	07697	CARDIAC REHABILITATION	884,534	64,699	53,480	180,718	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,240,929	90,768	17,761	84,986	13,220	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	11,778,977	861,573	227,535	550,278	311,724	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	6,487,058	474,496	50,322	144,910	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,419,445	103,825	197	48,293	0	116.00
117.00	06950	HOME INFUSION	3,749,402	274,250	68,675	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	416,572,054	28,369,470	14,553,772	18,395,456	2,590,436	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	477,363	34,917	19,734	204,422	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,405,997	175,987	6,710	1,772,988	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A.05	5.06	6.00	7.00	8.00	
194.00	07950	NON REIMBURSABLE-OTHER	1,631,239	119,317	72,622	216,401	3,591,624	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	14,958	1,094	7,104	60,176	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	264,337	19,335	0	0	0	194.02
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	421,365,948	28,720,120	14,659,942	20,649,443	6,182,060	202.00

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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	6,177,752					9.00
10.00	01000	DIETARY	388,733	5,087,040				10.00
11.00	01100	CAFETERIA	0	0	8,756,645			11.00
13.00	01300	NURSING ADMINISTRATION	183,422	0	167,782	7,178,912		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	592,511	0	84,739	0	4,059,456	14.00
15.00	01500	PHARMACY	125,474	0	278,461	368,066	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	201,714	0	0	16.00
20.00	02000	NURSING SCHOOL	184,571	0	113,492	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	148,292	0	535,850	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,473	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	7,168	0	7,099	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	25,002	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	3,995	0	4,509	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,342,232	3,980,465	1,968,073	2,601,368	0	30.00
31.00	03100	INTENSIVE CARE UNIT	401,318	856,413	580,853	767,763	0	31.00
35.00	02040	HIGH RISK NEONATAL	131,985	0	426,197	563,341	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	7,114	0	56,612	74,829	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,639	0	689,657	911,579	0	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	80,603	0	56,880	75,183	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	141,507	0	111,349	147,179	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	65,774	163,579	257,477	340,330	0	52.00
53.00	05300	ANESTHESIOLOGY	11,491	0	126,975	167,834	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	238,690	0	260,335	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	17,412	23,015	0	55.00
56.00	05600	RADIOISOTOPE	86,075	0	33,083	0	0	56.00
57.00	05700	CT SCAN	38,578	0	59,782	0	0	57.00
58.00	05800	MRI	37,648	0	33,128	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	272,999	39,447	324,894	0	0	59.00
60.00	06000	LABORATORY	247,937	0	441,154	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	35,513	0	247,209	0	0	65.00
66.00	06600	PHYSICAL THERAPY	21,779	0	327,841	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	331,112	0	178,497	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	24,679	0	58,532	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,794,563	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,264,893	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	22,162	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	26,375	0	165,461	218,703	0	76.00
76.97	07697	CARDIAC REHABILITATION	55,103	0	38,396	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	26,539	0	38,441	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	240,277	47,136	432,537	571,721	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	221,805	293,178	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	41,477	54,823	0	116.00
117.00	06950	HOME INFUSION	0	0	46,075	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,545,295	5,087,040	8,660,253	7,178,912	4,059,456	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	50,507	0	8,974	0	0	190.00

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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	257,951	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	323,999	0	51,790	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	35,628	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	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)	6,177,752	5,087,040	8,756,645	7,178,912	4,059,456	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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			11/26/2019 12:35 pm					
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALAR	SERVICES-OTHER	
						Y & FRINGES APPRV	PRGM COSTS APPRV	
			15.00	16.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	13,087,599					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,890,794				16.00
20.00	02000	NURSING SCHOOL	104	0	2,680,856			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		8,832,856		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			14,135,673	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	0				23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0				23.01
23.02	02302	PARAMED ED (ENDT)	0	0				23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0				23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0				23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	81,618	4,022,016	1,303,783	3,259,741	5,216,732	30.00
31.00	03100	INTENSIVE CARE UNIT	45,552	335,632	660,949	59	94	31.00
35.00	02040	HIGH RISK NEONATAL	3,940	112,938	106,363	126,638	202,665	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	3,093	155,687	44,706	227,265	363,704	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	89,252	0	0	2,802,210	4,484,521	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0	33,903	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	7,702	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,959	0	202,090	1,221,006	1,954,038	52.00
53.00	05300	ANESTHESIOLOGY	112,397	0	0	35,720	57,164	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	76,618	122,616	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	12,593	20,153	56.00
57.00	05700	CT SCAN	0	0	0	7,827	12,525	57.00
58.00	05800	MRI	0	0	0	9,827	15,727	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	77,778	7,238	11,584	59.00
60.00	06000	LABORATORY	218	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	8,030	0	33,903	0	0	65.00
66.00	06600	PHYSICAL THERAPY	27	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,175,044	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,737	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	582	0	0	14,359	22,979	76.00
76.97	07697	CARDIAC REHABILITATION	49	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	37,560	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	48,216	2,264,521	179,821	1,031,755	1,651,171	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	601	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	45,928	0	0			116.00
117.00	06950	HOME INFUSION	1,430,652	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,071,701	6,890,794	2,680,856	8,832,856	14,135,673	118.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
						15.00	16.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	0	0	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	15,898	0	0	0	0	194.02
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	13,087,599	6,890,794	2,680,856	8,832,856	14,135,673	202.00

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Cost Center Description			PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)	PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	
			23.00	23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	187,363					23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)		0				23.01
23.02	02302	PARAMED ED (ENDT)			0			23.02
23.03	02303	PARAMED ED (PHARMACY)				509,509		23.03
23.04	02304	PARAMED ED (PASTORAL CARE)					140,373	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	109,707	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	20,300	31.00
35.00	02040	HIGH RISK NEONATAL	0	0	0	0	432	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	432	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	432	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0	0	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	3,023	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	432	59.00
60.00	06000	LABORATORY	187,363	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	509,509	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	5,615	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	HOME INFUSION	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	187,363	0	0	509,509	140,373	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

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			23.00	23.01	23.02	23.03	23.04	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	0	0	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	187,363	0	0	509,509	140,373	202.00

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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
1.01	00101	CAP REL COSTS - CON				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00580	COMMUNICATIONS				5.01
5.02	00540	INFORMATION SYSTEMS				5.02
5.03	00550	PURCHASING/RECEIVING/STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00560	PATIENT ACCOUNTING				5.05
5.06	00590	OTHER ADMIN & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)				23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)				23.01
23.02	02302	PARAMED ED (ENDT)				23.02
23.03	02303	PARAMED ED (PHARMACY)				23.03
23.04	02304	PARAMED ED (PASTORAL CARE)				23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	80,758,639	-8,476,473	72,282,166	30.00
31.00	03100	INTENSIVE CARE UNIT	23,001,838	-153	23,001,685	31.00
35.00	02040	HIGH RISK NEONATAL	14,698,890	-329,303	14,369,587	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
43.00	04300	NURSERY	2,707,827	-590,969	2,116,858	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	38,388,785	-7,286,731	31,102,054	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	2,622,524	0	2,622,524	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	50.02
51.00	05100	RECOVERY ROOM	5,094,206	0	5,094,206	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,330,756	-3,175,044	9,155,712	52.00
53.00	05300	ANESTHESIOLOGY	4,941,079	-92,884	4,848,195	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,778,523	-199,234	9,579,289	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,325,452	0	1,325,452	55.00
56.00	05600	RADIOISOTOPE	2,393,836	-32,746	2,361,090	56.00
57.00	05700	CT SCAN	2,825,499	-20,352	2,805,147	57.00
58.00	05800	MRI	1,718,711	-25,554	1,693,157	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,438,780	-18,822	15,419,958	59.00
60.00	06000	LABORATORY	19,938,635	0	19,938,635	60.00
65.00	06500	RESPIRATORY THERAPY	7,199,355	0	7,199,355	65.00
66.00	06600	PHYSICAL THERAPY	9,792,366	0	9,792,366	66.00
69.00	06900	ELECTROCARDIOLOGY	6,513,356	0	6,513,356	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,780,969	0	1,780,969	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,506,539	0	31,506,539	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,708,318	0	39,708,318	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,762,007	0	30,762,007	73.00
74.00	07400	RENAL DIALYSIS	1,758,553	0	1,758,553	74.00
76.00	03020	OTHER ANCILLARY	4,553,981	-37,338	4,516,643	76.00
76.97	07697	CARDIAC REHABILITATION	1,276,979	0	1,276,979	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,550,204	0	1,550,204	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	20,202,857	-2,682,926	17,519,931	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	7,672,370	0	7,672,370	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	1,713,988	0	1,713,988	116.00
117.00	06950	HOME INFUSION	5,569,054	0	5,569,054	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	409,524,876	-22,968,529	386,556,347	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	795,917	0	795,917		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,619,633	0	4,619,633		192.00
194.00	07950	NON REIMBURSABLE-OTHER	6,006,992	0	6,006,992		194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	118,960	0	118,960		194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	299,570	0	299,570		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)	421,365,948	-22,968,529	398,397,419		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description			CAPITAL RELATED COSTS			Subtotal	
			BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP		
Directly Assigned New Capital Related Costs							
0			1.00	1.01	2.00	2A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS - CON					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	76,561	0	13,720	4.00
5.01	00580	COMMUNICATIONS	0	31,481	0	1,394,373	5.01
5.02	00540	INFORMATION SYSTEMS	8,406,684	193,341	0	0	5.02
5.03	00550	PURCHASING/RECEIVING/STORES	0	167,318	0	4,361	5.03
5.04	00570	ADMITTING	0	41,223	0	51,822	5.04
5.05	00560	PATIENT ACCOUNTING	27,319	6,815	0	28,934	5.05
5.06	00590	OTHER ADMIN & GENERAL	921,648	1,490,141	0	310,438	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	59,448	0	96,834	6.00
7.00	00700	OPERATION OF PLANT	0	8,086,300	0	188,586	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	180,795	546,490	0	572,545	8.00
9.00	00900	HOUSEKEEPING	0	90,704	0	1,962	9.00
10.00	01000	DIETARY	0	111,012	0	1,289	10.00
11.00	01100	CAFETERIA	0	204,269	0	2,371	11.00
13.00	01300	NURSING ADMINISTRATION	0	180,575	0	131,243	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	442,679	0	42,629	14.00
15.00	01500	PHARMACY	616,305	93,845	0	34,788	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	87,425	0	8,915	16.00
20.00	02000	NURSING SCHOOL	0	0	159,016	108,038	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	139,405	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	5,234	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	3,109	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,035,434	0	694,490	30.00
31.00	03100	INTENSIVE CARE UNIT	0	322,277	0	446,558	31.00
35.00	02040	HIGH RISK NEONATAL	0	149,607	0	132,014	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	33,927	0	15,278	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	166,262	545,700	0	2,808,561	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	950	61,434	0	277,722	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	129,065	0	127,180	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	153,154	0	68,956	52.00
53.00	05300	ANESTHESIOLOGY	0	8,375	0	321,367	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	103,178	195,157	0	939,698	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	361,440	55.00
56.00	05600	RADIOISOTOPE	0	79,413	0	78,402	56.00
57.00	05700	CT SCAN	0	28,095	0	277,295	57.00
58.00	05800	MRI	0	32,902	0	409,576	58.00
59.00	05900	CARDIAC CATHETERIZATION	6	344,336	0	1,608,972	59.00
60.00	06000	LABORATORY	194,709	199,077	0	147,242	60.00
65.00	06500	RESPIRATORY THERAPY	69,945	35,423	0	142,110	65.00
66.00	06600	PHYSICAL THERAPY	0	18,416	0	26,474	66.00
69.00	06900	ELECTROCARDIOLOGY	158,453	276,952	0	234,916	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,485	18,737	0	81,489	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	17,498	0	318	74.00
76.00	03020	OTHER ANCILLARY	0	29,622	0	1,994	76.00
76.97	07697	CARDIAC REHABILITATION	0	61,082	0	33,712	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	28,725	0	13,112	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	315,495	185,991	0	119,480	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	48,979	0	1,305	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	16,323	0	0	116.00
117.00	06950	HOME INFUSION	4,122	0	0	22,933	117.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
				BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP		
			0	1.00	1.01	2.00	2A	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,167,356	16,113,076	159,016	12,385,442	39,824,890	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	69,094	0	73	69,167	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	599,261	0	9,079	608,340	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	73,142	0	4,145	77,287	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	20,339	0	0	20,339	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	128	0	0	298	426	194.02
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	11,167,484	16,874,912	159,016	12,399,037	40,600,449	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	INFORMATION SYSTEMS	PURCHASING/REC EIVING/STORES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	90,281					4.00
5.01	00580	COMMUNICATIONS	189	1,426,043				5.01
5.02	00540	INFORMATION SYSTEMS	6	86,081	8,686,112			5.02
5.03	00550	PURCHASING/RECEIVING/STORES	373	6,935	33,403	212,390		5.03
5.04	00570	ADMITTING	959	24,274	152,318	38	270,634	5.04
5.05	00560	PATIENT ACCOUNTING	1,577	22,642	919,250	0	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	7,428	124,021	339,374	1,551	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,420	14,891	46,764	3,424	0	6.00
7.00	00700	OPERATION OF PLANT	1,255	52,016	25,386	974	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	390	3,060	0	2,121	0	8.00
9.00	00900	HOUSEKEEPING	1,562	6,527	22,714	502	0	9.00
10.00	01000	DIETARY	507	12,851	16,033	17	0	10.00
11.00	01100	CAFETERIA	961	0	28,059	32	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,881	15,911	171,023	155	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	346	5,915	44,092	0	0	14.00
15.00	01500	PHARMACY	3,265	17,135	233,821	37,888	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,302	18,766	276,577	84	0	16.00
20.00	02000	NURSING SCHOOL	1,292	14,279	204,426	136	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,945	1,020	6,681	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	34	0	0	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	69	612	5,344	1	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	203	0	0	1	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	46	0	2,672	1	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,154	285,983	2,358,253	3,552	17,218	30.00
31.00	03100	INTENSIVE CARE UNIT	4,471	57,115	426,222	3,159	5,898	31.00
35.00	02040	HIGH RISK NEONATAL	4,232	13,463	144,301	162	7,837	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	503	0	37,411	173	686	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,035	108,927	776,285	0	29,060	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	524	5,508	72,150	169	2,879	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	1,100	7,751	120,251	182	2,665	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,308	408	168,351	2,010	3,069	52.00
53.00	05300	ANESTHESIOLOGY	532	5,915	160,334	2,682	7,251	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,153	39,777	171,023	415	11,571	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	188	6,323	69,478	10	1,215	55.00
56.00	05600	RADIOISOTOPE	322	6,119	32,067	1,435	2,988	56.00
57.00	05700	CT SCAN	522	2,856	9,353	286	17,063	57.00
58.00	05800	MRI	291	2,448	18,706	178	2,885	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,000	32,841	109,562	0	38,086	59.00
60.00	06000	LABORATORY	2,905	37,533	228,476	7,495	19,008	60.00
65.00	06500	RESPIRATORY THERAPY	2,311	7,139	52,109	0	7,118	65.00
66.00	06600	PHYSICAL THERAPY	3,247	37,125	171,023	175	4,739	66.00
69.00	06900	ELECTROCARDIOLOGY	1,545	22,438	85,512	323	12,768	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	451	5,304	21,378	0	2,281	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	61,236	13,632	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	73,268	16,639	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	25,372	73.00
74.00	07400	RENAL DIALYSIS	0	1,632	13,361	46	564	74.00
76.00	03020	OTHER ANCILLARY	1,345	15,503	44,092	0	1,726	76.00
76.97	07697	CARDIAC REHABILITATION	330	2,040	25,386	33	408	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	322	5,915	56,117	157	634	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,413	57,115	410,189	2,456	13,597	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,363	30,597	239,165	79	751	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	367	2,040	0	169	277	116.00
117.00	06950	HOME INFUSION	459	2,244	24,050	4,670	749	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	89,403	1,228,995	8,572,542	211,445	270,634	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	76	1,632	0	453	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	INFORMATION SYSTEMS	PURCHASING/REC EIVING/STORES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	129,121	86,848	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	397	63,235	22,714	141	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	313	3,060	4,008	351	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	92	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)	90,281	1,426,043	8,686,112	212,390	270,634	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			PATIENT ACCOUNTING	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING	1,006,537					5.05
5.06	00590	OTHER ADMIN & GENERAL	0	3,194,601				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	111,144	334,925			6.00
7.00	00700	OPERATION OF PLANT	0	148,198	25,176	8,527,891		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	34,590	63	667,737	2,007,791	8.00
9.00	00900	HOUSEKEEPING	0	42,770	6,123	110,828	0	9.00
10.00	01000	DIETARY	0	13,258	59,882	135,641	0	10.00
11.00	01100	CAFETERIA	0	25,239	110,192	249,589	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	47,036	2,042	220,638	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	12,867	8,575	540,893	0	14.00
15.00	01500	PHARMACY	0	90,831	1,069	114,666	3,416	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	48,686	198	106,821	0	16.00
20.00	02000	NURSING SCHOOL	0	11,974	960	314,172	160	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	61,564	32	0	8,782	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	104,031	0	170,334	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	1,168	81	6,396	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	3,673	0	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	930	0	3,798	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	63,883	393,485	21,740	1,265,161	312,111	30.00
31.00	03100	INTENSIVE CARE UNIT	21,882	135,585	6,984	393,779	61,705	31.00
35.00	02040	HIGH RISK NEONATAL	29,077	92,998	4,946	182,799	32,082	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	2,545	12,111	1,114	41,455	9,014	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	107,824	201,571	18,012	666,771	128,997	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	10,683	15,808	1,894	75,065	8,510	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	9,889	26,589	17,985	157,700	3,338	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,388	55,382	5,032	187,133	42,628	52.00
53.00	05300	ANESTHESIOLOGY	26,904	31,849	4,441	10,233	3,062	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,933	62,175	3,778	238,455	44,371	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,508	9,514	568	0	1,693	55.00
56.00	05600	RADIOISOTOPE	11,086	14,937	739	97,032	1,449	56.00
57.00	05700	CT SCAN	63,311	19,755	410	34,328	0	57.00
58.00	05800	MRI	10,703	11,373	568	40,202	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	143,714	101,232	4,671	420,732	41,784	59.00
60.00	06000	LABORATORY	70,525	139,007	3,115	243,245	471	60.00
65.00	06500	RESPIRATORY THERAPY	26,410	49,024	6,916	43,282	298	65.00
66.00	06600	PHYSICAL THERAPY	17,582	70,444	1,682	22,502	7,480	66.00
69.00	06900	ELECTROCARDIOLOGY	47,372	38,148	2,367	338,398	15,896	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,462	12,090	703	22,894	5,471	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	50,578	225,260	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,737	283,876	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	94,137	144,635	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,092	12,627	243	21,380	1,223	74.00
76.00	03020	OTHER ANCILLARY	6,403	30,203	649	36,194	1,841	76.00
76.97	07697	CARDIAC REHABILITATION	1,514	7,197	1,222	74,634	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,352	10,096	406	35,098	4,294	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	50,451	95,834	5,198	227,256	101,241	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,786	52,779	1,150	59,845	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,029	11,549	5	19,944	0	116.00
117.00	06950	HOME INFUSION	2,777	30,505	1,569	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,006,537	3,155,597	332,500	7,597,030	841,317	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,884	451	84,423	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	19,575	153	732,216	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PATIENT ACCOUNTING	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5.06	6.00	7.00	8.00	
194.00	07950	NON REIMBURSABLE-OTHER	0	13,272	1,659	89,370	1,166,474	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	122	162	24,852	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	2,151	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)	1,006,537	3,194,601	334,925	8,527,891	2,007,791	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	283,692					9.00
10.00	01000	DIETARY	17,851	368,341				10.00
11.00	01100	CAFETERIA	0	0	620,712			11.00
13.00	01300	NURSING ADMINISTRATION	8,423	0	11,893	790,820		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	27,209	0	6,007	0	1,131,212	14.00
15.00	01500	PHARMACY	5,762	0	19,739	40,546	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	14,298	0	0	16.00
20.00	02000	NURSING SCHOOL	8,476	0	8,045	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,810	0	37,984	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	104	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	329	0	503	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	1,772	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	183	0	320	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	61,636	288,217	139,505	286,565	0	30.00
31.00	03100	INTENSIVE CARE UNIT	18,429	62,011	41,174	84,576	0	31.00
35.00	02040	HIGH RISK NEONATAL	6,061	0	30,211	62,057	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	327	0	4,013	8,243	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,086	0	48,886	100,418	0	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	3,701	0	4,032	8,282	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	6,498	0	7,893	16,213	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,020	11,844	18,251	37,490	0	52.00
53.00	05300	ANESTHESIOLOGY	528	0	9,001	18,488	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,961	0	18,454	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,234	2,535	0	55.00
56.00	05600	RADIOISOTOPE	3,953	0	2,345	0	0	56.00
57.00	05700	CT SCAN	1,772	0	4,238	0	0	57.00
58.00	05800	MRI	1,729	0	2,348	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,537	2,856	23,030	0	0	59.00
60.00	06000	LABORATORY	11,386	0	31,271	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,631	0	17,523	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,000	0	23,239	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	15,205	0	12,653	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,133	0	4,149	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	500,084	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	631,128	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,018	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	1,211	0	11,729	24,092	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,530	0	2,722	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,219	0	2,725	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	11,034	3,413	30,660	62,980	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	15,723	32,296	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	2,940	6,039	0	116.00
117.00	06950	HOME INFUSION	0	0	3,266	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	254,648	368,341	613,880	790,820	1,131,212	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,319	0	636	0	0	190.00

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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,846	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	14,879	0	3,671	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	2,525	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	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)	283,692	368,341	620,712	790,820	1,131,212	202.00

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						11/26/2019 12:35 pm		
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALAR	SERVICES-OTHER	
						Y & FRINGES APPRV	PRGM COSTS APPRV	
			15.00	16.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	1,313,076					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	563,072				16.00
20.00	02000	NURSING SCHOOL	10	0	801,806			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		126,818		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			413,908	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	0				23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0				23.01
23.02	02302	PARAMED ED (ENDT)	0	0				23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0				23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0				23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,189	328,653				30.00
31.00	03100	INTENSIVE CARE UNIT	4,570	27,426				31.00
35.00	02040	HIGH RISK NEONATAL	395	9,229				35.00
40.00	04000	SUBPROVIDER - IPF	0	0				40.00
43.00	04300	NURSERY	310	12,722				43.00
44.00	04400	SKILLED NURSING FACILITY	0	0				44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,955	0				50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0				50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0				50.02
51.00	05100	RECOVERY ROOM	773	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,401	0				52.00
53.00	05300	ANESTHESIOLOGY	11,277	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0				54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0				55.00
56.00	05600	RADIOISOTOPE	0	0				56.00
57.00	05700	CT SCAN	0	0				57.00
58.00	05800	MRI	0	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0				59.00
60.00	06000	LABORATORY	22	0				60.00
65.00	06500	RESPIRATORY THERAPY	806	0				65.00
66.00	06600	PHYSICAL THERAPY	3	0				66.00
69.00	06900	ELECTROCARDIOLOGY	0	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,121,189	0				73.00
74.00	07400	RENAL DIALYSIS	475	0				74.00
76.00	03020	OTHER ANCILLARY	58	0				76.00
76.97	07697	CARDIAC REHABILITATION	5	0				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0				76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,838	185,042				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	60	0				101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,608	0				116.00
117.00	06950	HOME INFUSION	143,537	0				117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,311,481	563,072	0	0	0	118.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
						15.00	16.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	0				194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0				194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	1,595	0				194.02
200.00		Cross Foot Adjustments			801,806	126,818	413,908	200.00
201.00		Negative Cost Centers	0	0	29,178	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,313,076	563,072	830,984	126,818	413,908	202.00

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Cost Center Description			PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)	PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	
			23.00	23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	19,737					23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)		0				23.01
23.02	02302	PARAMED ED (ENDT)			0			23.02
23.03	02303	PARAMED ED (PHARMACY)				5,649		23.03
23.04	02304	PARAMED ED (PASTORAL CARE)					11,059	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
35.00	02040	HIGH RISK NEONATAL						35.00
40.00	04000	SUBPROVIDER - IPF						40.00
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
50.01	05001	GASTRODIAGNOSTIC UNIT						50.01
50.02	05002	PAIN MANAGEMENT CENTER						50.02
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
58.00	05800	MRI						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	OTHER ANCILLARY						76.00
76.97	07697	CARDIAC REHABILITATION						76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY						76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE						116.00
117.00	06950	HOME INFUSION						117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description			PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)	PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	
			23.00	23.01	23.02	23.03	23.04	
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
194.00	07950	NON REIMBURSABLE-OTHER						194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT						194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY						194.02
200.00		Cross Foot Adjustments	19,737	0	0	5,649	11,059	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	19,737	0	0	5,649	11,059	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS - CON				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00580	COMMUNICATIONS				5.01
5.02	00540	INFORMATION SYSTEMS				5.02
5.03	00550	PURCHASING/RECEIVING/STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00560	PATIENT ACCOUNTING				5.05
5.06	00590	OTHER ADMIN & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)				23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)				23.01
23.02	02302	PARAMED ED (ENDT)				23.02
23.03	02303	PARAMED ED (PHARMACY)				23.03
23.04	02304	PARAMED ED (PASTORAL CARE)				23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,578,229	0	7,578,229	30.00
31.00	03100	INTENSIVE CARE UNIT	2,123,821	0	2,123,821	31.00
35.00	02040	HIGH RISK NEONATAL	901,471	0	901,471	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
43.00	04300	NURSERY	179,832	0	179,832	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,723,350	0	5,723,350	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	549,311	0	549,311	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	50.02
51.00	05100	RECOVERY ROOM	635,072	0	635,072	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	771,825	0	771,825	52.00
53.00	05300	ANESTHESIOLOGY	622,239	0	622,239	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,884,099	0	1,884,099	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	458,706	0	458,706	55.00
56.00	05600	RADIOISOTOPE	332,287	0	332,287	56.00
57.00	05700	CT SCAN	459,284	0	459,284	57.00
58.00	05800	MRI	533,909	0	533,909	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,887,359	0	2,887,359	59.00
60.00	06000	LABORATORY	1,335,487	0	1,335,487	60.00
65.00	06500	RESPIRATORY THERAPY	462,045	0	462,045	65.00
66.00	06600	PHYSICAL THERAPY	405,131	0	405,131	66.00
69.00	06900	ELECTROCARDIOLOGY	1,262,946	0	1,262,946	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	186,027	0	186,027	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	850,790	0	850,790	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,066,648	0	1,066,648	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,385,333	0	1,385,333	73.00
74.00	07400	RENAL DIALYSIS	72,477	0	72,477	74.00
76.00	03020	OTHER ANCILLARY	206,662	0	206,662	76.00
76.97	07697	CARDIAC REHABILITATION	212,815	0	212,815	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	161,172	0	161,172	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,885,683	0	1,885,683	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	487,878	0	487,878	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	65,290	0	65,290	116.00
117.00	06950	HOME INFUSION	240,881	0	240,881	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,928,059	0	35,928,059	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	163,041	0	163,041		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,588,099	0	1,588,099		192.00
194.00	07950	NON REIMBURSABLE-OTHER	1,453,099	0	1,453,099		194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	55,732	0	55,732		194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	4,264	0	4,264		194.02
200.00		Cross Foot Adjustments	1,378,977	0	1,378,977		200.00
201.00		Negative Cost Centers	29,178	0	29,178		201.00
202.00		TOTAL (sum lines 118 through 201)	40,600,449	0	40,600,449		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)	
			BLDG & FIXT (SQUARE FEET)	CAP REL COSTS - CON (SQUARE FOOTAGE)	MVBLE EQUIP (DOLLAR VALUE)			
			1.00	1.01	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,579,693					1.00
1.01	00101	CAP REL COSTS - CON	0	24,070				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			12,316,559			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,167	0	13,629	153,505,742		4.00
5.01	00580	COMMUNICATIONS	2,947	0	1,385,097	320,748	6,991	5.01
5.02	00540	INFORMATION SYSTEMS	18,099	0	0	10,059	422	5.02
5.03	00550	PURCHASING/RECEIVING/STORES	15,663	0	4,332	634,884	34	5.03
5.04	00570	ADMITTING	3,859	0	51,477	1,630,433	119	5.04
5.05	00560	PATIENT ACCOUNTING	638	0	28,742	2,681,133	111	5.05
5.06	00590	OTHER ADMIN & GENERAL	139,495	0	308,373	12,632,259	608	5.06
6.00	00600	MAINTENANCE & REPAIRS	5,565	0	96,190	4,115,606	73	6.00
7.00	00700	OPERATION OF PLANT	756,974	0	187,331	2,134,161	255	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	51,158	0	568,736	663,382	15	8.00
9.00	00900	HOUSEKEEPING	8,491	0	1,949	2,656,749	32	9.00
10.00	01000	DIETARY	10,392	0	1,280	862,700	63	10.00
11.00	01100	CAFETERIA	19,122	0	2,355	1,634,904	0	11.00
13.00	01300	NURSING ADMINISTRATION	16,904	0	130,370	3,198,957	78	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	41,440	0	42,345	588,340	29	14.00
15.00	01500	PHARMACY	8,785	0	34,557	5,553,234	84	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,184	0	8,856	2,214,270	92	16.00
20.00	02000	NURSING SCHOOL	0	24,070	107,319	2,196,735	70	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	6,709,250	5	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	13,050	0	0	57,365	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	490	0	0	117,698	3	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	0	345,182	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	291	0	0	79,028	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	96,929	0	689,870	24,035,024	1,402	30.00
31.00	03100	INTENSIVE CARE UNIT	30,169	0	443,587	7,603,166	280	31.00
35.00	02040	HIGH RISK NEONATAL	14,005	0	131,136	7,197,512	66	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	3,176	0	15,176	855,324	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	51,084	0	2,789,885	10,263,599	534	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	5,751	0	275,874	891,647	27	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	12,082	0	126,334	1,871,309	38	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,337	0	68,497	3,925,880	2	52.00
53.00	05300	ANESTHESIOLOGY	784	0	319,229	904,854	29	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,269	0	933,447	3,661,113	195	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	359,036	320,491	31	55.00
56.00	05600	RADIOISOTOPE	7,434	0	77,880	548,232	30	56.00
57.00	05700	CT SCAN	2,630	0	275,450	888,447	14	57.00
58.00	05800	MRI	3,080	0	406,851	494,516	12	58.00
59.00	05900	CARDIAC CATHETERIZATION	32,234	0	1,598,268	5,102,593	161	59.00
60.00	06000	LABORATORY	18,636	0	146,262	4,940,105	184	60.00
65.00	06500	RESPIRATORY THERAPY	3,316	0	141,165	3,929,763	35	65.00
66.00	06600	PHYSICAL THERAPY	1,724	0	26,298	5,522,323	182	66.00
69.00	06900	ELECTROCARDIOLOGY	25,926	0	233,353	2,627,661	110	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,754	0	80,947	767,422	26	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,638	0	316	0	8	74.00
76.00	03020	OTHER ANCILLARY	2,773	0	1,981	2,287,337	76	76.00
76.97	07697	CARDIAC REHABILITATION	5,718	0	33,488	561,590	10	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,689	0	13,025	546,826	29	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	17,411	0	118,685	5,804,060	280	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,585	0	1,296	4,017,885	150	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,528	0	0	624,266	10	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)	
			BLDG & FIXT (SQUARE FEET)	CAP REL COSTS - CON (SQUARE FOOTAGE)	MVBLE EQUIP (DOLLAR VALUE)			
			1.00	1.01	2.00			
117.00	06950	HOME INFUSION	0	0	22,780	780,902	11	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,508,376	24,070	12,303,054	152,010,924	6,025	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,468	0	73	129,734	8	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	56,098	0	9,019	0	633	192.00
194.00	07950	NON REIMBURSABLE-OTHER	6,847	0	4,117	675,554	310	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	1,904	0	0	532,891	15	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	0	296	156,639	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)	16,874,912	159,016	12,399,037	34,959,689	2,032,740	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.682400	6.606398	1.006697	0.227742	290.765270	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				90,281	1,426,043	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000588	203.982692	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: 14-0053

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

Worksheet B-1

Date/Time Prepared:

11/26/2019 12:35 pm

Cost Center Description		INFORMATION SYSTEMS (PIECES OF EQUIPMENT)	PURCHASING/REC EIVING/STORES (SUPPLIES)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	
		5.02	5.03	5.04	5.05	5A.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS - CON					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	COMMUNICATIONS					5.01
5.02	00540	INFORMATION SYSTEMS	6,501				5.02
5.03	00550	PURCHASING/RECEIVING/STORES	25	97,775,728			5.03
5.04	00570	ADMITTING	114	17,495	1,870,828,333		5.04
5.05	00560	PATIENT ACCOUNTING	688	0	0	1,870,828,333	5.05
5.06	00590	OTHER ADMIN & GENERAL	254	713,886	0	0	-28,720,120 5.06
6.00	00600	MAINTENANCE & REPAIRS	35	1,576,426	0	0	6.00
7.00	00700	OPERATION OF PLANT	19	448,411	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	976,524	0	0	8.00
9.00	00900	HOUSEKEEPING	17	230,953	0	0	9.00
10.00	01000	DIETARY	12	7,968	0	0	10.00
11.00	01100	CAFETERIA	21	14,662	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	128	71,167	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	33	0	0	0	14.00
15.00	01500	PHARMACY	175	17,444,025	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	207	38,903	0	0	16.00
20.00	02000	NURSING SCHOOL	153	62,797	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	4	644	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	239	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	2	251	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,765	1,635,273	118,742,329	118,742,329	0 30.00
31.00	03100	INTENSIVE CARE UNIT	319	1,454,603	40,672,991	40,672,991	0 31.00
35.00	02040	HIGH RISK NEONATAL	108	74,479	54,047,391	54,047,391	0 35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
43.00	04300	NURSERY	28	79,552	4,730,000	4,730,000	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	581	0	200,417,077	200,417,077	0 50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	54	77,985	19,856,741	19,856,741	0 50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0 50.02
51.00	05100	RECOVERY ROOM	90	83,800	18,381,891	18,381,891	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	126	925,423	21,167,160	21,167,160	0 52.00
53.00	05300	ANESTHESIOLOGY	120	1,234,785	50,007,407	50,007,407	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	128	190,841	79,800,920	79,800,920	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	52	4,592	8,379,891	8,379,891	0 55.00
56.00	05600	RADIOISOTOPE	24	660,601	20,605,431	20,605,431	0 56.00
57.00	05700	CT SCAN	7	131,786	117,678,258	117,678,258	0 57.00
58.00	05800	MRI	14	82,126	19,894,202	19,894,202	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	82	0	267,064,883	267,064,883	0 59.00
60.00	06000	LABORATORY	171	3,450,543	131,087,786	131,087,786	0 60.00
65.00	06500	RESPIRATORY THERAPY	39	0	49,089,141	49,089,141	0 65.00
66.00	06600	PHYSICAL THERAPY	128	80,492	32,680,086	32,680,086	0 66.00
69.00	06900	ELECTROCARDIOLOGY	64	148,818	88,052,819	88,052,819	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16	0	15,728,794	15,728,794	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	28,193,200	94,010,473	94,010,473	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	33,723,430	114,753,533	114,753,533	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	174,975,940	174,975,940	0 73.00
74.00	07400	RENAL DIALYSIS	10	21,136	3,888,265	3,888,265	0 74.00
76.00	03020	OTHER ANCILLARY	33	0	11,901,118	11,901,118	0 76.00
76.97	07697	CARDIAC REHABILITATION	19	15,182	2,813,841	2,813,841	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	42	72,262	4,372,657	4,372,657	0 76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	307	1,130,949	93,774,303	93,774,303	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	179	36,373	5,178,235	5,178,235	0 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	77,877	1,912,599	1,912,599	0 116.00
117.00	06950	HOME INFUSION	18	2,150,272	5,162,171	5,162,171	0 117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,416	97,340,731	1,870,828,333	1,870,828,333	-28,720,120 118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description			INFORMATION SYSTEMS (PIECES OF EQUIPMENT)	PURCHASING/REC EIVING/STORES (SUPPLIES)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	208,712	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	65	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	17	64,722	0	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	3	161,563	0	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	0	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)	33,170,944	1,496,743	2,724,938	8,472,221		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5,102.437164	0.015308	0.001457	0.004529		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	8,686,112	212,390	270,634	1,006,537		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1,336.119366	0.002172	0.000145	0.000538		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: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description		OTHER ADMIN & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS - CON					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	COMMUNICATIONS					5.01
5.02	00540	INFORMATION SYSTEMS					5.02
5.03	00550	PURCHASING/RECEIVING/STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00560	PATIENT ACCOUNTING					5.05
5.06	00590	OTHER ADMIN & GENERAL	392,645,828				5.06
6.00	00600	MAINTENANCE & REPAIRS	13,660,728	74,287			6.00
7.00	00700	OPERATION OF PLANT	18,215,140	5,584	653,356		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,251,465	14	51,158	6,543,559	8.00
9.00	00900	HOUSEKEEPING	5,256,887	1,358	8,491	0	9.00
10.00	01000	DIETARY	1,629,575	13,282	10,392	0	10.00
11.00	01100	CAFETERIA	3,102,147	24,441	19,122	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,781,193	453	16,904	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,581,467	1,902	41,440	0	14.00
15.00	01500	PHARMACY	11,164,063	237	8,785	11,133	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,984,038	44	8,184	0	16.00
20.00	02000	NURSING SCHOOL	1,471,774	213	24,070	520	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	7,566,818	7	0	28,621	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	12,786,485	0	13,050	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	143,557	18	490	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	451,483	0	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	114,311	0	291	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	48,359,556	4,822	96,929	1,017,196	30.00
31.00	03100	INTENSIVE CARE UNIT	16,664,789	1,549	30,169	201,100	31.00
35.00	02040	HIGH RISK NEONATAL	11,430,417	1,097	14,005	104,557	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	1,488,625	247	3,176	29,377	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,775,224	3,995	51,084	420,412	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	1,942,988	420	5,751	27,734	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	3,268,095	3,989	12,082	10,879	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,806,974	1,116	14,337	138,927	52.00
53.00	05300	ANESTHESIOLOGY	3,914,578	985	784	9,979	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,641,908	838	18,269	144,610	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,169,410	126	0	5,519	55.00
56.00	05600	RADIOISOTOPE	1,835,870	164	7,434	4,721	56.00
57.00	05700	CT SCAN	2,428,103	91	2,630	0	57.00
58.00	05800	MRI	1,397,921	126	3,080	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,442,443	1,036	32,234	136,178	59.00
60.00	06000	LABORATORY	17,085,442	691	18,636	1,534	60.00
65.00	06500	RESPIRATORY THERAPY	6,025,521	1,534	3,316	970	65.00
66.00	06600	PHYSICAL THERAPY	8,658,282	373	1,724	24,378	66.00
69.00	06900	ELECTROCARDIOLOGY	4,688,836	525	25,926	51,807	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,485,999	156	1,754	17,830	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,686,823	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,891,301	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,777,145	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,551,946	54	1,638	3,986	74.00
76.00	03020	OTHER ANCILLARY	3,712,262	144	2,773	6,000	76.00
76.97	07697	CARDIAC REHABILITATION	884,534	271	5,718	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,240,929	90	2,689	13,993	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	11,778,977	1,153	17,411	329,952	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	6,487,058	255	4,585	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	1,419,445	1	1,528	0	116.00
117.00	06950	HOME INFUSION	3,749,402	348	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	387,851,934	73,749	582,039	2,741,913	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description			OTHER ADMIN & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
			5.06	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	477,363	100	6,468	0	923	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,405,997	34	56,098	0	4,714	192.00
194.00	07950	NON REIMBURSABLE-OTHER	1,631,239	368	6,847	3,801,646	5,921	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	14,958	36	1,904	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	264,337	0	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)	28,720,120	14,659,942	20,649,443	6,182,060	6,177,752	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.073145	197.341958	31.605194	0.944755	54.720249	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,194,601	334,925	8,527,891	2,007,791	283,692	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.008136	4.508528	13.052442	0.306835	2.512839	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: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (NUMBER HOUSED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	361,861					10.00
11.00	01100	CAFETERIA	0	196,132				11.00
13.00	01300	NURSING ADMINISTRATION	0	3,758	121,649			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,898	0	60,380,649		14.00
15.00	01500	PHARMACY	0	6,237	6,237	0	19,592,956	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,518	0	0	0	16.00
20.00	02000	NURSING SCHOOL	0	2,542	0	0	156	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	12,002	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	33	0	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	159	0	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	560	0	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	101	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	283,146	44,081	44,081	0	122,187	30.00
31.00	03100	INTENSIVE CARE UNIT	60,920	13,010	13,010	0	68,194	31.00
35.00	02040	HIGH RISK NEONATAL	0	9,546	9,546	0	5,899	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	1,268	1,268	0	4,630	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	15,447	15,447	0	133,616	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	1,274	1,274	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	2,494	2,494	0	11,530	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,636	5,767	5,767	0	20,898	52.00
53.00	05300	ANESTHESIOLOGY	0	2,844	2,844	0	168,265	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,831	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	390	390	0	0	55.00
56.00	05600	RADIOISOTOPE	0	741	0	0	0	56.00
57.00	05700	CT SCAN	0	1,339	0	0	0	57.00
58.00	05800	MRI	0	742	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,806	7,277	0	0	0	59.00
60.00	06000	LABORATORY	0	9,881	0	0	327	60.00
65.00	06500	RESPIRATORY THERAPY	0	5,537	0	0	12,021	65.00
66.00	06600	PHYSICAL THERAPY	0	7,343	0	0	40	66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,998	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,311	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	26,692,495	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	33,688,154	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	16,729,739	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	7,092	74.00
76.00	03020	OTHER ANCILLARY	0	3,706	3,706	0	872	76.00
76.97	07697	CARDIAC REHABILITATION	0	860	0	0	74	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	861	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,353	9,688	9,688	0	72,183	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	4,968	4,968	0	900	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	929	929	0	68,757	116.00
117.00	06950	HOME INFUSION	0	1,032	0	0	2,141,775	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	361,861	193,973	121,649	60,380,649	19,569,155	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (NUMBER HOUSED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	201	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	1,160	0	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	798	0	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	0	0	0	23,801	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)	5,087,040	8,756,645	7,178,912	4,059,456	13,087,599	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.057995	44.646692	59.013325	0.067231	0.667975	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	368,341	620,712	790,820	1,131,212	1,313,076	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.017907	3.164767	6.500834	0.018735	0.067018	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: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (DISCHARGES)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED (CLINICAL LAB SCIENCE) (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			16.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	34,656					16.00
20.00	02000	NURSING SCHOOL	0	16,131				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0		150,100			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			150,100		22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0				100	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0					23.01
23.02	02302	PARAMED ED (ENDT)	0					23.02
23.03	02303	PARAMED ED (PHARMACY)	0					23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0					23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,228	7,845	55,394	55,394	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,688	3,977	1	1	0	31.00
35.00	02040	HIGH RISK NEONATAL	568	640	2,152	2,152	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	783	269	3,862	3,862	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	47,619	47,619	0	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	204	0	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,216	20,749	20,749	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	607	607	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,302	1,302	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	214	214	0	56.00
57.00	05700	CT SCAN	0	0	133	133	0	57.00
58.00	05800	MRI	0	0	167	167	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	468	123	123	0	59.00
60.00	06000	LABORATORY	0	0	0	0	100	60.00
65.00	06500	RESPIRATORY THERAPY	0	204	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	244	244	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	226	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	11,389	1,082	17,533	17,533	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0			0	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (DISCHARGES)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED (CLINICAL LAB SCIENCE) (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			16.00	20.00	21.00	22.00	23.00	
117.00	06950	HOME INFUSION	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	34,656	16,131	150,100	150,100	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	0	0	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	0	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)	6,890,794	2,680,856	8,832,856	14,135,673	187,363	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	198.834084	166.192796	58.846476	94.175037	1,873.630000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	563,072	830,984	126,818	413,908	19,737	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	16.247461	49.705908	0.844890	2.757548	197.370000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description			PARAMED ED (RESPIRATORY THERAPY) (ASSIGNED TIME)	PARAMED ED (ENDT) (ASSIGNED TIME)	PARAMED ED (PHARMACY) (ASSIGNED TIME)	PARAMED ED (PASTORAL CARE) (HOURS)	
			23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS - CON					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	COMMUNICATIONS					5.01
5.02	00540	INFORMATION SYSTEMS					5.02
5.03	00550	PURCHASING/RECEIVING/STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00560	PATIENT ACCOUNTING					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)					23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0				23.01
23.02	02302	PARAMED ED (ENDT)		0			23.02
23.03	02303	PARAMED ED (PHARMACY)			100		23.03
23.04	02304	PARAMED ED (PASTORAL CARE)				325	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	254	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	47	31.00
35.00	02040	HIGH RISK NEONATAL	0	0	0	1	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	1	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	1	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	7	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	1	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	13	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
117.00	06950	HOME INFUSION	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	100	325	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description		PARAMED ED (RESPIRATORY THERAPY) (ASSIGNED TIME)	PARAMED ED (ENDT) (ASSIGNED TIME)	PARAMED ED (PHARMACY) (ASSIGNED TIME)	PARAMED ED (PASTORAL CARE) (HOURS)		
		23.01	23.02	23.03	23.04		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	0	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	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)	0	0	509,509	140,373	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	5,095.090000	431.916923	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	5,649	11,059	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	56.490000	34.027692	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 12:35 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total 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	72,282,166		72,282,166	137,337	72,419,503	30.00
31.00	03100	INTENSIVE CARE UNIT	23,001,685		23,001,685	0	23,001,685	31.00
35.00	02040	HIGH RISK NEONATAL	14,369,587		14,369,587	38,807	14,408,394	35.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
43.00	04300	NURSERY	2,116,858		2,116,858	0	2,116,858	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,102,054		31,102,054	0	31,102,054	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	2,622,524		2,622,524	0	2,622,524	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0		0	0	0	50.02
51.00	05100	RECOVERY ROOM	5,094,206		5,094,206	0	5,094,206	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,155,712		9,155,712	0	9,155,712	52.00
53.00	05300	ANESTHESIOLOGY	4,848,195		4,848,195	150,177	4,998,372	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,579,289		9,579,289	0	9,579,289	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,325,452		1,325,452	0	1,325,452	55.00
56.00	05600	RADIOISOTOPE	2,361,090		2,361,090	0	2,361,090	56.00
57.00	05700	CT SCAN	2,805,147		2,805,147	0	2,805,147	57.00
58.00	05800	MRI	1,693,157		1,693,157	0	1,693,157	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,419,958		15,419,958	0	15,419,958	59.00
60.00	06000	LABORATORY	19,938,635		19,938,635	0	19,938,635	60.00
65.00	06500	RESPIRATORY THERAPY	7,199,355	0	7,199,355	0	7,199,355	65.00
66.00	06600	PHYSICAL THERAPY	9,792,366	0	9,792,366	0	9,792,366	66.00
69.00	06900	ELECTROCARDIOLOGY	6,513,356		6,513,356	137,701	6,651,057	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,780,969		1,780,969	2,470	1,783,439	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,506,539		31,506,539	0	31,506,539	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,708,318		39,708,318	0	39,708,318	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,762,007		30,762,007	0	30,762,007	73.00
74.00	07400	RENAL DIALYSIS	1,758,553		1,758,553	0	1,758,553	74.00
76.00	03020	OTHER ANCILLARY	4,516,643		4,516,643	0	4,516,643	76.00
76.97	07697	CARDIAC REHABILITATION	1,276,979		1,276,979	0	1,276,979	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,550,204		1,550,204	0	1,550,204	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	17,519,931		17,519,931	43,442	17,563,373	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,857,717		2,857,717		2,857,717	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	7,672,370		7,672,370		7,672,370	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,713,988		1,713,988		1,713,988	116.00
117.00	06950	HOME INFUSION	5,569,054		5,569,054		5,569,054	117.00
200.00		Subtotal (see instructions)	389,414,064	0	389,414,064	509,934	389,923,998	200.00
201.00		Less Observation Beds	2,857,717		2,857,717		2,857,717	201.00
202.00		Total (see instructions)	386,556,347	0	386,556,347	509,934	387,066,281	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 12:35 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	112,038,603		112,038,603		30.00
31.00	03100	INTENSIVE CARE UNIT	40,672,991		40,672,991		31.00
35.00	02040	HIGH RISK NEONATAL	54,047,391		54,047,391		35.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
43.00	04300	NURSERY	4,730,000		4,730,000		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	102,585,309	97,831,768	200,417,077	0.155187	0.000000
50.01	05001	GASTRODIAGNOSTIC UNIT	5,384,245	14,472,496	19,856,741	0.132072	0.000000
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0.000000	0.000000
51.00	05100	RECOVERY ROOM	5,899,586	12,482,305	18,381,891	0.277132	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,096,062	1,071,098	21,167,160	0.432543	0.000000
53.00	05300	ANESTHESIOLOGY	24,427,982	25,579,425	50,007,407	0.096950	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,067,234	49,733,686	79,800,920	0.120040	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	979,791	7,400,100	8,379,891	0.158171	0.000000
56.00	05600	RADIOISOTOPE	3,907,368	16,698,063	20,605,431	0.114586	0.000000
57.00	05700	CT SCAN	47,684,867	69,993,391	117,678,258	0.023837	0.000000
58.00	05800	MRI	8,767,392	11,126,810	19,894,202	0.085108	0.000000
59.00	05900	CARDIAC CATHETERIZATION	96,443,364	170,621,519	267,064,883	0.057739	0.000000
60.00	06000	LABORATORY	82,168,200	48,919,586	131,087,786	0.152101	0.000000
65.00	06500	RESPIRATORY THERAPY	46,292,184	2,796,957	49,089,141	0.146659	0.000000
66.00	06600	PHYSICAL THERAPY	15,133,961	17,546,125	32,680,086	0.299643	0.000000
69.00	06900	ELECTROCARDIOLOGY	38,740,605	49,312,214	88,052,819	0.073971	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	7,295,301	8,433,493	15,728,794	0.113230	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	49,380,133	44,630,340	94,010,473	0.335139	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	71,902,524	42,851,009	114,753,533	0.346031	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	106,611,406	68,364,534	174,975,940	0.175807	0.000000
74.00	07400	RENAL DIALYSIS	3,755,472	132,793	3,888,265	0.452272	0.000000
76.00	03020	OTHER ANCILLARY	936,403	10,964,715	11,901,118	0.379514	0.000000
76.97	07697	CARDIAC REHABILITATION	1,081,516	1,732,325	2,813,841	0.453821	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	23,741	4,348,916	4,372,657	0.354522	0.000000
	OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	27,443,199	66,331,104	93,774,303	0.186831	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,156,493	4,547,233	6,703,726	0.426288	0.000000
	OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	5,178,235	5,178,235		101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	1,912,599	1,912,599		116.00
117.00	06950	HOME INFUSION	0	5,162,171	5,162,171		117.00
200.00		Subtotal (see instructions)	1,010,653,323	860,175,010	1,870,828,333		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,010,653,323	860,175,010	1,870,828,333		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0053	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 11/26/2019 12:35 pm
				Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio			
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
35.00	02040	HIGH RISK NEONATAL				35.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.155187			50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0.132072			50.01
50.02	05002	PAIN MANAGEMENT CENTER	0.000000			50.02
51.00	05100	RECOVERY ROOM	0.277132			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.432543			52.00
53.00	05300	ANESTHESIOLOGY	0.099953			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.120040			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.158171			55.00
56.00	05600	RADIOISOTOPE	0.114586			56.00
57.00	05700	CT SCAN	0.023837			57.00
58.00	05800	MRI	0.085108			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.057739			59.00
60.00	06000	LABORATORY	0.152101			60.00
65.00	06500	RESPIRATORY THERAPY	0.146659			65.00
66.00	06600	PHYSICAL THERAPY	0.299643			66.00
69.00	06900	ELECTROCARDIOLOGY	0.075535			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.113387			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.335139			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.346031			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.175807			73.00
74.00	07400	RENAL DIALYSIS	0.452272			74.00
76.00	03020	OTHER ANCILLARY	0.379514			76.00
76.97	07697	CARDIAC REHABILITATION	0.453821			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.354522			76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.187294			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.426288			92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
117.00	06950	HOME INFUSION				117.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0053

Period:
From 07/01/2018
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			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	72,282,166		72,282,166	137,337	72,419,503	30.00
31.00	03100	INTENSIVE CARE UNIT	23,001,685		23,001,685	0	23,001,685	31.00
35.00	02040	HIGH RISK NEONATAL	14,369,587		14,369,587	38,807	14,408,394	35.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
43.00	04300	NURSERY	2,116,858		2,116,858	0	2,116,858	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,102,054		31,102,054	0	31,102,054	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	2,622,524		2,622,524	0	2,622,524	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0		0	0	0	50.02
51.00	05100	RECOVERY ROOM	5,094,206		5,094,206	0	5,094,206	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,155,712		9,155,712	0	9,155,712	52.00
53.00	05300	ANESTHESIOLOGY	4,848,195		4,848,195	150,177	4,998,372	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,579,289		9,579,289	0	9,579,289	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,325,452		1,325,452	0	1,325,452	55.00
56.00	05600	RADIOISOTOPE	2,361,090		2,361,090	0	2,361,090	56.00
57.00	05700	CT SCAN	2,805,147		2,805,147	0	2,805,147	57.00
58.00	05800	MRI	1,693,157		1,693,157	0	1,693,157	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,419,958		15,419,958	0	15,419,958	59.00
60.00	06000	LABORATORY	19,938,635		19,938,635	0	19,938,635	60.00
65.00	06500	RESPIRATORY THERAPY	7,199,355	0	7,199,355	0	7,199,355	65.00
66.00	06600	PHYSICAL THERAPY	9,792,366	0	9,792,366	0	9,792,366	66.00
69.00	06900	ELECTROCARDIOLOGY	6,513,356		6,513,356	137,701	6,651,057	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,780,969		1,780,969	2,470	1,783,439	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,506,539		31,506,539	0	31,506,539	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,708,318		39,708,318	0	39,708,318	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,762,007		30,762,007	0	30,762,007	73.00
74.00	07400	RENAL DIALYSIS	1,758,553		1,758,553	0	1,758,553	74.00
76.00	03020	OTHER ANCILLARY	4,516,643		4,516,643	0	4,516,643	76.00
76.97	07697	CARDIAC REHABILITATION	1,276,979		1,276,979	0	1,276,979	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,550,204		1,550,204	0	1,550,204	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	17,519,931		17,519,931	43,442	17,563,373	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,857,717		2,857,717		2,857,717	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	7,672,370		7,672,370		7,672,370	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,713,988		1,713,988		1,713,988	116.00
117.00	06950	HOME INFUSION	5,569,054		5,569,054		5,569,054	117.00
200.00		Subtotal (see instructions)	389,414,064	0	389,414,064	509,934	389,923,998	200.00
201.00		Less Observation Beds	2,857,717		2,857,717		2,857,717	201.00
202.00		Total (see instructions)	386,556,347	0	386,556,347	509,934	387,066,281	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
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			Title XIX		Hospital	Cost		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	112,038,603		112,038,603			30.00
31.00	03100	INTENSIVE CARE UNIT	40,672,991		40,672,991			31.00
35.00	02040	HIGH RISK NEONATAL	54,047,391		54,047,391			35.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
43.00	04300	NURSERY	4,730,000		4,730,000			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	102,585,309	97,831,768	200,417,077	0.155187	0.000000	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	5,384,245	14,472,496	19,856,741	0.132072	0.000000	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0.000000	0.000000	50.02
51.00	05100	RECOVERY ROOM	5,899,586	12,482,305	18,381,891	0.277132	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,096,062	1,071,098	21,167,160	0.432543	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	24,427,982	25,579,425	50,007,407	0.096950	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,067,234	49,733,686	79,800,920	0.120040	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	979,791	7,400,100	8,379,891	0.158171	0.000000	55.00
56.00	05600	RADIOISOTOPE	3,907,368	16,698,063	20,605,431	0.114586	0.000000	56.00
57.00	05700	CT SCAN	47,684,867	69,993,391	117,678,258	0.023837	0.000000	57.00
58.00	05800	MRI	8,767,392	11,126,810	19,894,202	0.085108	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	96,443,364	170,621,519	267,064,883	0.057739	0.000000	59.00
60.00	06000	LABORATORY	82,168,200	48,919,586	131,087,786	0.152101	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	46,292,184	2,796,957	49,089,141	0.146659	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	15,133,961	17,546,125	32,680,086	0.299643	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	38,740,605	49,312,214	88,052,819	0.073971	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,295,301	8,433,493	15,728,794	0.113230	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	49,380,133	44,630,340	94,010,473	0.335139	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	71,902,524	42,851,009	114,753,533	0.346031	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	106,611,406	68,364,534	174,975,940	0.175807	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,755,472	132,793	3,888,265	0.452272	0.000000	74.00
76.00	03020	OTHER ANCILLARY	936,403	10,964,715	11,901,118	0.379514	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,081,516	1,732,325	2,813,841	0.453821	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	23,741	4,348,916	4,372,657	0.354522	0.000000	76.98
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	27,443,199	66,331,104	93,774,303	0.186831	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,156,493	4,547,233	6,703,726	0.426288	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	5,178,235	5,178,235			101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,912,599	1,912,599			116.00
117.00	06950	HOME INFUSION	0	5,162,171	5,162,171			117.00
200.00		Subtotal (see instructions)	1,010,653,323	860,175,010	1,870,828,333			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,010,653,323	860,175,010	1,870,828,333			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0053	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 11/26/2019 12:35 pm
				Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio			
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
35.00	02040	HIGH RISK NEONATAL				35.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0.000000			50.01
50.02	05002	PAIN MANAGEMENT CENTER	0.000000			50.02
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03020	OTHER ANCILLARY	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
117.00	06950	HOME INFUSION				117.00
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: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/26/2019 12:35 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	7,578,229	0	7,578,229	73,136	103.62	30.00
31.00	INTENSIVE CARE UNIT	2,123,821		2,123,821	12,067	176.00	31.00
35.00	HIGH RISK NEONATAL	901,471		901,471	13,374	67.40	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
43.00	NURSERY	179,832		179,832	3,097	58.07	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	10,783,353		10,783,353	101,674		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	25,759	2,669,148				30.00
31.00	INTENSIVE CARE UNIT	9,642	1,696,992				31.00
35.00	HIGH RISK NEONATAL	0	0				35.00
40.00	SUBPROVIDER - IPF	0	0				40.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (lines 30 through 199)	35,401	4,366,140				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/26/2019 12:35 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,723,350	200,417,077	0.028557	46,818,733	1,337,003	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	549,311	19,856,741	0.027664	2,651,678	73,356	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0.000000	0	0	50.02
51.00	05100	RECOVERY ROOM	635,072	18,381,891	0.034549	2,646,124	91,421	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	771,825	21,167,160	0.036463	1,908,563	69,592	52.00
53.00	05300	ANESTHESIOLOGY	622,239	50,007,407	0.012443	9,806,419	122,021	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,884,099	79,800,920	0.023610	13,300,406	314,023	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	458,706	8,379,891	0.054739	427,127	23,381	55.00
56.00	05600	RADIOISOTOPE	332,287	20,605,431	0.016126	2,067,817	33,346	56.00
57.00	05700	CT SCAN	459,284	117,678,258	0.003903	20,781,626	81,111	57.00
58.00	05800	MRI	533,909	19,894,202	0.026837	3,145,305	84,411	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,887,359	267,064,883	0.010811	48,927,200	528,952	59.00
60.00	06000	LABORATORY	1,335,487	131,087,786	0.010188	34,432,719	350,801	60.00
65.00	06500	RESPIRATORY THERAPY	462,045	49,089,141	0.009412	16,443,304	154,764	65.00
66.00	06600	PHYSICAL THERAPY	405,131	32,680,086	0.012397	7,745,227	96,018	66.00
69.00	06900	ELECTROCARDIOLOGY	1,262,946	88,052,819	0.014343	19,976,867	286,528	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	186,027	15,728,794	0.011827	2,071,527	24,500	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	850,790	94,010,473	0.009050	22,761,768	205,994	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,066,648	114,753,533	0.009295	37,985,874	353,079	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,385,333	174,975,940	0.007917	42,024,119	332,705	73.00
74.00	07400	RENAL DIALYSIS	72,477	3,888,265	0.018640	2,360,436	43,999	74.00
76.00	03020	OTHER ANCILLARY	206,662	11,901,118	0.017365	936,403	16,261	76.00
76.97	07697	CARDIAC REHABILITATION	212,815	2,813,841	0.075631	581,993	44,017	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	161,172	4,372,657	0.036859	23,025	849	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,885,683	93,774,303	0.020109	10,758,375	216,340	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	299,040	6,703,726	0.044608	675,388	30,128	92.00
200.00		Total (lines 50 through 199)	24,649,697	1,647,086,343		351,258,023	4,914,600	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0053		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/26/2019 12:35 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description				Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
				1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	1,303,783	0	109,707	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	660,949	0	20,300	0	31.00			
35.00	02040	HIGH RISK NEONATAL	0	106,363	0	432	0	35.00			
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00			
43.00	04300	NURSERY	0	44,706	0	432	0	43.00			
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00			
200.00		Total (lines 30 through 199)	0	2,115,801	0	130,871	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	1,413,490	73,136	19.33	25,759	30.00			
31.00	03100	INTENSIVE CARE UNIT		681,249	12,067	56.46	9,642	31.00			
35.00	02040	HIGH RISK NEONATAL		106,795	13,374	7.99	0	35.00			
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00			
43.00	04300	NURSERY		45,138	3,097	14.57	0	43.00			
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00			
200.00		Total (lines 30 through 199)		2,246,672	101,674		35,401	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	497,921								30.00
31.00	03100	INTENSIVE CARE UNIT	544,387								31.00
35.00	02040	HIGH RISK NEONATAL	0								35.00
40.00	04000	SUBPROVIDER - IPF	0								40.00
43.00	04300	NURSERY	0								43.00
44.00	04400	SKILLED NURSING FACILITY	0								44.00
200.00		Total (lines 30 through 199)	1,042,308								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0053		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 12:35 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	432	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0	33,903	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	202,090	0	3,023	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	77,778	0	432	59.00
60.00	06000	LABORATORY	0	0	0	0	187,363	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	33,903	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	509,509	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	37,560	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	179,821	0	5,615	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	51,447	0	4,329	92.00
200.00		Total (lines 50 through 199)	0	0	616,502	0	710,703	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0053		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 12:35 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		432	432	200,417,077	0.000002	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0		33,903	33,903	19,856,741	0.001707	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0		0	0	0	0.000000	50.02
51.00	05100	RECOVERY ROOM	0		0	0	18,381,891	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		205,113	205,113	21,167,160	0.009690	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	50,007,407	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		0	0	79,800,920	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	8,379,891	0.000000	55.00
56.00	05600	RADIOISOTOPE	0		0	0	20,605,431	0.000000	56.00
57.00	05700	CT SCAN	0		0	0	117,678,258	0.000000	57.00
58.00	05800	MRI	0		0	0	19,894,202	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		78,210	78,210	267,064,883	0.000293	59.00
60.00	06000	LABORATORY	0		187,363	187,363	131,087,786	0.001429	60.00
65.00	06500	RESPIRATORY THERAPY	0		33,903	33,903	49,089,141	0.000691	65.00
66.00	06600	PHYSICAL THERAPY	0		0	0	32,680,086	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	88,052,819	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	15,728,794	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	94,010,473	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	114,753,533	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		509,509	509,509	174,975,940	0.002912	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	3,888,265	0.000000	74.00
76.00	03020	OTHER ANCILLARY	0		0	0	11,901,118	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	2,813,841	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		37,560	37,560	4,372,657	0.008590	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0		185,436	185,436	93,774,303	0.001977	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		55,776	55,776	6,703,726	0.008320	92.00
200.00		Total (lines 50 through 199)	0		1,327,205	1,327,205	1,647,086,343		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000002	46,818,733	94	28,017,980	56	50.00	
50.01	05001 GASTRODIAGNOSTIC UNIT	0.001707	2,651,678	4,526	3,542,405	6,047	50.01	
50.02	05002 PAIN MANAGEMENT CENTER	0.000000	0	0	0	0	50.02	
51.00	05100 RECOVERY ROOM	0.000000	2,646,124	0	2,948,122	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.009690	1,908,563	18,494	155,555	1,507	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	9,806,419	0	6,426,951	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	13,300,406	0	9,951,379	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	427,127	0	2,240,627	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	2,067,817	0	7,412,327	0	56.00	
57.00	05700 CT SCAN	0.000000	20,781,626	0	18,803,174	0	57.00	
58.00	05800 MRI	0.000000	3,145,305	0	2,266,815	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000293	48,927,200	14,336	79,655,638	23,339	59.00	
60.00	06000 LABORATORY	0.001429	34,432,719	49,204	7,015,110	10,025	60.00	
65.00	06500 RESPIRATORY THERAPY	0.000691	16,443,304	11,362	647,129	447	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	7,745,227	0	337,235	0	66.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	19,976,867	0	18,017,849	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	2,071,527	0	1,463,558	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	22,761,768	0	17,432,900	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	37,985,874	0	19,570,175	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002912	42,024,119	122,374	21,067,343	61,348	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	2,360,436	0	61,256	0	74.00	
76.00	03020 OTHER ANCILLARY	0.000000	936,403	0	2,970,504	0	76.00	
76.97	07697 CARDIAC REHABILITATION	0.000000	581,993	0	558,363	0	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.008590	23,025	198	2,331,176	20,025	76.98	
OUTPATIENT SERVICE COST CENTERS								
91.00	09100 EMERGENCY	0.001977	10,758,375	21,269	10,028,041	19,825	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.008320	675,388	5,619	1,008,102	8,387	92.00	
200.00	Total (lines 50 through 199)		351,258,023	247,476	263,929,714	151,006	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0053		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/26/2019 12:35 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.155187	28,017,980	0	0	4,348,026	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT		0.132072	3,542,405	0	0	467,853	50.01
50.02	05002	PAIN MANAGEMENT CENTER		0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0.277132	2,948,122	0	0	817,019	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.432543	155,555	0	0	67,284	52.00
53.00	05300	ANESTHESIOLOGY		0.096950	6,426,951	0	0	623,093	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.120040	9,951,379	0	0	1,194,564	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.158171	2,240,627	0	0	354,402	55.00
56.00	05600	RADIOISOTOPE		0.114586	7,412,327	0	0	849,349	56.00
57.00	05700	CT SCAN		0.023837	18,803,174	0	0	448,211	57.00
58.00	05800	MRI		0.085108	2,266,815	0	0	192,924	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.057739	79,655,638	0	1	4,599,237	59.00
60.00	06000	LABORATORY		0.152101	7,015,110	0	0	1,067,005	60.00
65.00	06500	RESPIRATORY THERAPY		0.146659	647,129	0	0	94,907	65.00
66.00	06600	PHYSICAL THERAPY		0.299643	337,235	0	0	101,050	66.00
69.00	06900	ELECTROCARDIOLOGY		0.073971	18,017,849	0	0	1,332,798	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.113230	1,463,558	0	0	165,719	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.335139	17,432,900	0	0	5,842,445	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.346031	19,570,175	42,000	0	6,771,887	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.175807	21,067,343	0	332,597	3,703,786	73.00
74.00	07400	RENAL DIALYSIS		0.452272	61,256	0	0	27,704	74.00
76.00	03020	OTHER ANCILLARY		0.379514	2,970,504	0	0	1,127,348	76.00
76.97	07697	CARDIAC REHABILITATION		0.453821	558,363	0	0	253,397	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.354522	2,331,176	0	0	826,453	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.186831	10,028,041	0	0	1,873,549	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.426288	1,008,102	0	0	429,742	92.00
200.00		Subtotal (see instructions)			263,929,714	42,000	332,598	37,579,752	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			263,929,714	42,000	332,598	37,579,752	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0053		Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/26/2019 12:35 pm
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0		50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0		50.02
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,533	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	58,473		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	OTHER ANCILLARY	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	14,533	58,473		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	14,533	58,473		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0053	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 12:35 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		73,136	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		73,136	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)		70,250	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)		25,759	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)		72,419,503	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)		72,419,503	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)		72,419,503	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)		990.20	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		25,506,562	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)		25,506,562	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0053

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

Worksheet D-1

Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description		Title XVIII		Hospital		PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	23,001,685	12,067	1,906.16	9,642	18,379,195
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	HIGH RISK NEONATAL	14,408,394	13,374	1,077.34	0	0
	Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					59,516,408
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					103,402,165
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,408,448
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,162,076
52.00	Total Program excludable cost (sum of lines 50 and 51)					10,570,524
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					92,831,641
	TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
	PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)					2,886
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					990.20
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,857,717

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0053		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/26/2019 12:35 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	7,578,229	72,419,503	0.104643	2,857,717	299,040		90.00
91.00	Nursing School cost	1,303,783	72,419,503	0.018003	2,857,717	51,447		91.00
92.00	Allied health cost	109,707	72,419,503	0.001515	2,857,717	4,329		92.00
93.00	All other Medical Education	0	72,419,503	0.000000	2,857,717	0		93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0053	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/26/2019 12:35 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		44,259,790	30.00
31.00	03100	INTENSIVE CARE UNIT		16,567,318	31.00
35.00	02040	HIGH RISK NEONATAL		0	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.155187	46,818,733	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0.132072	2,651,678	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0.000000	0	50.02
51.00	05100	RECOVERY ROOM	0.277132	2,646,124	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.432543	1,908,563	52.00
53.00	05300	ANESTHESIOLOGY	0.099953	9,806,419	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.120040	13,300,406	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.158171	427,127	55.00
56.00	05600	RADIOISOTOPE	0.114586	2,067,817	56.00
57.00	05700	CT SCAN	0.023837	20,781,626	57.00
58.00	05800	MRI	0.085108	3,145,305	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.057739	48,927,200	59.00
60.00	06000	LABORATORY	0.152101	34,432,719	60.00
65.00	06500	RESPIRATORY THERAPY	0.146659	16,443,304	65.00
66.00	06600	PHYSICAL THERAPY	0.299643	7,745,227	66.00
69.00	06900	ELECTROCARDIOLOGY	0.075535	19,976,867	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.113387	2,071,527	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.335139	22,761,768	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.346031	37,985,874	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.175807	42,024,119	73.00
74.00	07400	RENAL DIALYSIS	0.452272	2,360,436	74.00
76.00	03020	OTHER ANCILLARY	0.379514	936,403	76.00
76.97	07697	CARDIAC REHABILITATION	0.453821	581,993	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.354522	23,025	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.187294	10,758,375	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.426288	675,388	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		351,258,023	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)		351,258,023	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0053	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/26/2019 12:35 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			18,296,841	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			54,890,522	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)			2,966,092	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			20,427,204	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			357.83	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			59.19	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)			59.19	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			67.34	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)			59.19	12.00
13.00	Total allowable FTE count for the prior year.			59.19	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.			59.19	14.00
15.00	Sum of lines 12 through 14 divided by 3.			59.19	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			59.19	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.165414	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.169013	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.165414	21.00
22.00	IME payment adjustment (see instructions)			6,319,216	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			1,763,746	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)			8.15	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)			6,319,216	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			1,763,746	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			4.51	30.00
31.00	Percentage of Medicaid patient days (see instructions)			32.79	31.00
32.00	Sum of lines 30 and 31			37.30	32.00
33.00	Allowable disproportionate share percentage (see instructions)			19.99	33.00
34.00	Disproportionate share adjustment (see instructions)			3,657,539	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0053	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/26/2019 12:35 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		6,766,695,164	8,272,872,447
35.01	Factor 3 (see instructions)		0.000575252	0.000415662
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,892,554	3,438,722
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		981,138	2,571,975
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,553,113	
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	
			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
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		89,683,323	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		91,447,069	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		7,176,461	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).		1,739,717	52.00
53.00	Nursing and Allied Health Managed Care payment		754,580	53.00
54.00	Special add-on payments for new technologies		36,275	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).		1,042,308	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		247,476	58.00
59.00	Total (sum of amounts on lines 49 through 58)		102,443,886	59.00
60.00	Primary payer payments		69,721	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		102,374,165	61.00
62.00	Deductibles billed to program beneficiaries		6,208,322	62.00
63.00	Coinsurance billed to program beneficiaries		390,878	63.00
64.00	Allowable bad debts (see instructions)		1,499,672	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		974,787	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,275,112	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		96,749,752	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		61,102	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: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
11/26/2019 12:35 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		96,810,854		71.00
71.01	Sequestration adjustment (see instructions)		1,936,217		71.01
71.02	Demonstration payment adjustment amount after sequestration		0		71.02
72.00	Interim payments		95,429,313		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)		-554,676		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,788,680		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	0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	0	96.00
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000		103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/26/2019 12:35 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	18,296,841	0	18,296,841		18,296,841
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	54,890,522	0		73,187,363	73,187,363
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00	2,966,092	0	0	2,966,092	2,966,092
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	20,427,204	0	0	20,427,204	20,427,204
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.165414	0.165414	0.165414	0.165414	
6.00	IME payment adjustment (see instructions)	22.00	6,319,216	0	1,579,804	4,739,412	6,319,216
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,763,746	0	0	1,763,746	1,763,746
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	6,319,216	0	1,579,804	4,739,412	6,319,216
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,763,746	0	0	1,763,746	1,763,746
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1999	0.1999	0.1999	0.1999	
11.00	Disproportionate share adjustment (see instructions)	34.00	3,657,539	0	914,385	2,743,154	3,657,539
11.01	Uncompensated care payments	36.00	3,553,113	0	981,138	2,571,975	3,553,113
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	89,683,323	0	21,772,168	67,911,155	89,683,323
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	91,447,069	0	21,772,168	69,674,901	91,447,069
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	7,176,461	0	0	7,176,461	7,176,461
17.00	Special add-on payments for new technologies	54.00	36,275	0	0	36,275	36,275
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/26/2019 12:35 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	21,772,168	76,887,637	98,659,805
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	5,912,561	0	0	5,912,561	5,912,561
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	421,360	0	0	421,360	421,360
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0641	0.0641	0.0641	0.0641	
23.00	Indirect medical education adjustment (see instructions)	6.00	378,995	0	0	378,995	378,995
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0784	0.0784	0.0784	0.0784	
25.00	Disproportionate share adjustment (see instructions)	11.00	463,545	0	0	463,545	463,545
26.00	Total prospective capital payments (see instructions)	12.00	7,176,461	0	0	7,176,461	7,176,461
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/26/2019 12:35 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	18,296,841	18,296,841		18,296,841	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	54,890,522		54,890,522	54,890,522	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	2,966,092	741,523	2,224,569	2,966,092	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	20,427,204	5,106,801	15,320,403	20,427,204	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.165414	0.165414	0.165414		5.00
6.00	IME payment adjustment (see instructions)	22.00	6,319,216	1,579,804	4,739,412	6,319,216	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,763,746	440,937	1,322,809	1,763,746	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	6,319,216	1,579,804	4,739,412	6,319,216	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,763,746	440,937	1,322,809	1,763,746	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1999	0.1999	0.1999		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,657,539	914,385	2,743,154	3,657,539	11.00
11.01	Uncompensated care payments	36.00	3,553,113	981,138	2,571,975	3,553,113	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	89,683,323	22,513,691	67,169,632	89,683,323	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	91,447,069	22,954,628	68,492,441	91,447,069	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	7,176,461	1,794,115	5,382,346	7,176,461	16.00
17.00	Special add-on payments for new technologies	54.00	36,275	9,068	27,207	36,275	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			24,757,811	73,901,994	98,659,805	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5			Provider CCN: 14-0053		Period: From 07/01/2018 To 06/30/2019		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/26/2019 12:35 pm	
			Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	5,912,561	1,478,140	4,434,421	5,912,561	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	421,360	105,340	316,020	421,360	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0641	0.0641	0.0641		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	378,995	94,749	284,246	378,995	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0784	0.0784	0.0784		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	463,545	115,886	347,659	463,545	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	7,176,461	1,794,115	5,382,346	7,176,461	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	61,102	15,275	45,827	61,102	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	0	0	0	0	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0053	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/26/2019 12:35 pm
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		73,006	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		37,428,746	2.00
3.00	OPPS payments		40,564,953	3.00
4.00	Outlier payment (see instructions)		87,849	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		151,006	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		73,006	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		374,598	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)		374,598	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)		374,598	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		301,592	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)		73,006	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)		40,803,808	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		8,400	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		6,525,695	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)		34,342,719	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		633,869	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)		34,976,588	30.00
31.00	Primary payer payments		3,425	31.00
32.00	Subtotal (line 30 minus line 31)		34,973,163	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)		1,188,298	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		772,394	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		990,069	36.00
37.00	Subtotal (see instructions)		35,745,557	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-160	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)		16,200	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		35,745,717	40.00
40.01	Sequestration adjustment (see instructions)		714,914	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		35,128,825	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-98,022	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: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/26/2019 12:35 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		95,185,936		35,114,117	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	02/06/2019	348,641	06/19/2019	21,988	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	06/19/2019	105,264	02/06/2019	7,280	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)		243,377		14,708	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)		95,429,313		35,128,825	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		554,676		98,022	6.02
7.00	Total Medicare program liability (see instructions)		94,874,637		35,030,803	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: 14-0053	Period: From 07/01/2018 To 06/30/2019	Worksheet E-1 Part II Date/Time Prepared: 11/26/2019 12:35 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0053	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/26/2019 12:35 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			72.35	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			12.38	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			59.97	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			67.87	6.00
7.00	Enter the lesser of line 5 or line 6			59.97	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	36.30	30.31	66.61	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	32.07	26.78	58.85	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	32.07	26.78		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	29.38	30.11		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	28.63	31.34		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	30.03	29.41		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	30.03	29.41		17.00
18.00	Per resident amount	87,028.92	87,028.92		18.00
19.00	Approved amount for resident costs	2,613,478	2,559,521	5,172,999	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			7.90	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			5,172,999	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	35,401	10,299		26.00
27.00	Total Inpatient Days (see instructions)	96,427	96,427		27.00
28.00	Ratio of inpatient days to total inpatient days	0.367127	0.106806		28.00
29.00	Program direct GME amount	1,899,148	552,507		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		78,069		30.00
31.00	Net Program direct GME amount			2,373,586	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0053	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/26/2019 12:35 pm	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0		32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		3,888,265		33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000		34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0		35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0		36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)		103,402,165		37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0		38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0		39.00
40.00	Primary payer payments (see instructions)		69,721		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		103,332,444		41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)		37,652,758		42.00
43.00	Primary payer payments (see instructions)		3,425		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		37,649,333		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		140,981,777		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.732949		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.267051		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)		2,373,586		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		1,739,717		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		633,869		50.00

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

Provider CCN: 14-0053

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

Worksheet G

Date/Time Prepared:
11/26/2019 12:35 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	7,037,015	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	250,855,600	0	0	0	4.00
5.00	Other receivable	-115,514	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-127,816,006	0	0	0	6.00
7.00	Inventory	15,299,122	0	0	0	7.00
8.00	Prepaid expenses	3,922,417	0	0	0	8.00
9.00	Other current assets	94,021,050	0	0	0	9.00
10.00	Due from other funds	5,433,682	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	248,637,366	0	0	0	11.00
FIXED ASSETS						
12.00	Land	22,877,437	0	0	0	12.00
13.00	Land improvements	11,508,031	0	0	0	13.00
14.00	Accumulated depreciation	-6,237,119	0	0	0	14.00
15.00	Buildings	329,564,651	0	0	0	15.00
16.00	Accumulated depreciation	-127,027,461	0	0	0	16.00
17.00	Leasehold improvements	4,727,893	0	0	0	17.00
18.00	Accumulated depreciation	-3,303,573	0	0	0	18.00
19.00	Fixed equipment	234,237,733	0	0	0	19.00
20.00	Accumulated depreciation	-136,560,566	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	223,540,131	0	0	0	23.00
24.00	Accumulated depreciation	-175,437,123	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	23,537,351	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	401,427,385	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	-88,096,323	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	27,224,812	0	0	0	33.00
34.00	Other assets	1,838,953	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	-59,032,558	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	591,032,193	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	18,559,631	0	0	0	37.00
38.00	Salaries, wages, and fees payable	20,799,943	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	94,461,275	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	8,118,278	0	0	0	43.00
44.00	Other current liabilities	24,916,922	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	166,856,049	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	174,621,513	0	0	0	46.00
47.00	Notes payable	61,425,013	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	236,046,526	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	402,902,575	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	188,129,618				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)	188,129,618	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	591,032,193	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0053

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

Worksheet G-1

Date/Time Prepared:
11/26/2019 12:35 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		232,019,485		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-43,889,867				2.00
3.00	Total (sum of line 1 and line 2)		188,129,618		0		3.00
4.00	NET INCOME ROUNDING	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)		188,129,618		0		11.00
12.00	NET INCOME ROUNDING	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)		188,129,618		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	NET INCOME ROUNDING		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	NET INCOME ROUNDING		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: 14-0053

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	118,558,715		118,558,715	1.00
2.00	SUBPROVIDER - IPF	0		0	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	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	118,558,715		118,558,715	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	41,203,879		41,203,879	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	HIGH RISK NEONATAL	55,119,259		55,119,259	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	96,323,138		96,323,138	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	214,881,853		214,881,853	17.00
18.00	Ancillary services	783,564,894	811,139,590	1,594,704,484	18.00
19.00	Outpatient services	30,161,550	72,779,971	102,941,521	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		5,272,256	5,272,256	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	1,921,062	1,921,062	26.00
27.00	HOME INFUSION	0	5,162,171	5,162,171	27.00
27.01	PRO FEES	5,703,933	7,645,755	13,349,688	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,034,312,230	903,920,805	1,938,233,035	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		594,019,524		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		594,019,524		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0053

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

Worksheet G-3

Date/Time Prepared:
11/26/2019 12:35 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,938,233,035	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,409,814,892	2.00
3.00	Net patient revenues (line 1 minus line 2)	528,418,143	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	594,019,524	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-65,601,381	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	1,237,245	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	71,035	12.00
13.00	Revenue from laundry and linen service	41,421	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	73,719	17.00
18.00	Revenue from sale of medical records and abstracts	511	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	2,840,551	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	347,811	20.00
21.00	Rental of vending machines	45,732	21.00
22.00	Rental of hospital space	3,062,830	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC INCOME	3,009,305	24.00
24.01	GRANTS	683,522	24.01
24.02	INTER CO	10,079,078	24.02
24.03	NET ASSETS RELEASED	1,576,287	24.03
25.00	Total other income (sum of lines 6-24)	23,069,047	25.00
26.00	Total (line 5 plus line 25)	-42,532,334	26.00
27.00	NON OPERATING EXP'S	67,315	27.00
27.01	DISPOSAL OF ASSETS	1,198,700	27.01
27.02	SWAP PYMNTS	91,518	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	1,357,533	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-43,889,867	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0053

Period:

Worksheet H

HHA CCN: 14-7222

From 07/01/2018

Date/Time Prepared:

To 06/30/2019

11/26/2019 12:35 pm

					Home Health Agency I	PPS
	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)
	1.00	2.00	3.00	4.00	5.00	6.00
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures		0		0	0
2.00	Capital Related - Movable Equipment		0		0	0
3.00	Plant Operation & Maintenance	0	0	0	0	0
4.00	Transportation	0	0	0	0	0
5.00	Administrative and General	916,952	0	10,799	0	1,352,328
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,926,762	0	140,442	0	2,067,204
7.00	Physical Therapy	675,411	0	57,924	0	733,335
8.00	Occupational Therapy	304,254	0	24,315	0	328,569
9.00	Speech Pathology	59,739	0	4,636	0	64,375
10.00	Medical Social Services	57,640	0	4,198	0	61,838
11.00	Home Health Aide	50,511	0	10,517	0	61,028
12.00	Supplies (see instructions)	0	0	0	0	0
13.00	Drugs	0	0	0	0	0
14.00	DME	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0
18.00	Clinic	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0
24.00	Total (sum of lines 1-23)	3,991,269	0	252,831	0	4,668,677
	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	-160,138	1,192,190	-1,849	1,190,341	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	26,538	2,093,742	0	2,093,742	6.00
7.00	Physical Therapy	0	733,335	0	733,335	7.00
8.00	Occupational Therapy	0	328,569	0	328,569	8.00
9.00	Speech Pathology	0	64,375	0	64,375	9.00
10.00	Medical Social Services	0	61,838	0	61,838	10.00
11.00	Home Health Aide	0	61,028	0	61,028	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)	-133,600	4,535,077	-1,849	4,533,228	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: 14-0053 HHA CCN: 14-7222		Period: From 07/01/2018 To 06/30/2019		Worksheet H-1 Part I Date/Time Prepared: 11/26/2019 12:35 pm	
							Home 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	0	4.00		
5.00	Administrative and General	1,190,341	0	0	0	0	1,190,341	5.00		
HHA REIMBURSABLE SERVICES										
6.00	Skilled Nursing Care	2,093,742	0	0	0	0	2,093,742	6.00		
7.00	Physical Therapy	733,335	0	0	0	0	733,335	7.00		
8.00	Occupational Therapy	328,569	0	0	0	0	328,569	8.00		
9.00	Speech Pathology	64,375	0	0	0	0	64,375	9.00		
10.00	Medical Social Services	61,838	0	0	0	0	61,838	10.00		
11.00	Home Health Aide	61,028	0	0	0	0	61,028	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)	4,533,228	0	0	0	0	4,533,228	24.00		
		Administrative & General	Total (cols. 4A + 5)							
		5.00	6.00							
GENERAL SERVICE COST CENTERS										
1.00	Capital Related - Bldg. & Fixtures							1.00		
2.00	Capital Related - Movable Equipment							2.00		
3.00	Plant Operation & Maintenance							3.00		
4.00	Transportation							4.00		
5.00	Administrative and General	1,190,341						5.00		
HHA REIMBURSABLE SERVICES										
6.00	Skilled Nursing Care	745,543	2,839,285					6.00		
7.00	Physical Therapy	261,127	994,462					7.00		
8.00	Occupational Therapy	116,998	445,567					8.00		
9.00	Speech Pathology	22,923	87,298					9.00		
10.00	Medical Social Services	22,019	83,857					10.00		
11.00	Home Health Aide	21,731	82,759					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)		4,533,228					24.00		

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0053

Period:

Worksheet H-1

HHA CCN: 14-7222

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/26/2019 12:35 pmHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	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	-1,190,341	3,342,887
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	2,093,742	6.00
7.00	Physical Therapy	0	0	0	0	733,335	7.00
8.00	Occupational Therapy	0	0	0	0	328,569	8.00
9.00	Speech Pathology	0	0	0	0	64,375	9.00
10.00	Medical Social Services	0	0	0	0	61,838	10.00
11.00	Home Health Aide	0	0	0	0	61,028	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,190,341	3,342,887
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,190,341
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.356082

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0053

Period:

Worksheet H-2

HHA CCN: 14-7222

From 07/01/2018

Part I

To 06/30/2019

Date/Time Prepared:

11/26/2019 12:35 pm

Home Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
			BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP			
		0	1.00	1.01	2.00	4.00	5.01	
1.00	Administrative and General	0	48,979	0	1,305	211,573	43,615	1.00
2.00	Skilled Nursing Care	2,839,285	0	0	0	450,631	0	2.00
3.00	Physical Therapy	994,462	0	0	0	155,841	0	3.00
4.00	Occupational Therapy	445,567	0	0	0	64,735	0	4.00
5.00	Speech Pathology	87,298	0	0	0	7,307	0	5.00
6.00	Medical Social Services	83,857	0	0	0	13,299	0	6.00
7.00	Home Health Aide	82,759	0	0	0	11,655	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)	4,533,228	48,979	0	1,305	915,041	43,615	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		INFORMATION SYSTEMS	PURCHASING/REC EIVING/STORES	ADMITTING	PATIENT ACCOUNTING	Subtotal	OTHER ADMIN & GENERAL	
		5.02	5.03	5.04	5.05	5A.05	5.06	
1.00	Administrative and General	913,336	557	7,545	23,452	1,250,362	91,458	1.00
2.00	Skilled Nursing Care	0	0	0	0	3,289,916	240,641	2.00
3.00	Physical Therapy	0	0	0	0	1,150,303	84,139	3.00
4.00	Occupational Therapy	0	0	0	0	510,302	37,326	4.00
5.00	Speech Pathology	0	0	0	0	94,605	6,920	5.00
6.00	Medical Social Services	0	0	0	0	97,156	7,106	6.00
7.00	Home Health Aide	0	0	0	0	94,414	6,906	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)	913,336	557	7,545	23,452	6,487,058	474,496	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0053

Period:

Worksheet H-2

HHA CCN: 14-7222

From 07/01/2018

Part I

To 06/30/2019

Date/Time Prepared:

11/26/2019 12:35 pm

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	50,322	144,910	0	0	0	221,805	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	50,322	144,910	0	0	0	221,805	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		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
		13.00	14.00	15.00	16.00	20.00	21.00	
1.00	Administrative and General	293,178	0	601	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	293,178	0	601	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0053

Period:

Worksheet H-2

HHA CCN: 14-7222

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/26/2019 12:35 pmHome Health
Agency I

PPS

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)	PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	
		SERVICES-OTHER PRGM COSTS APPRV						
		22.00						
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	2,052,636	0	2,052,636				1.00
2.00	Skilled Nursing Care	3,530,557	0	3,530,557	1,289,553	4,820,110		2.00
3.00	Physical Therapy	1,234,442	0	1,234,442	450,886	1,685,328		3.00
4.00	Occupational Therapy	547,628	0	547,628	200,024	747,652		4.00
5.00	Speech Pathology	101,525	0	101,525	37,083	138,608		5.00
6.00	Medical Social Services	104,262	0	104,262	38,082	142,344		6.00
7.00	Home Health Aide	101,320	0	101,320	37,008	138,328		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	7,672,370	0	7,672,370	2,052,636	7,672,370		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.				0.365255			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: 14-0053

Period:

Worksheet H-2

HHA CCN: 14-7222

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/26/2019 12:35 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)	INFORMATION SYSTEMS (PIECES OF EQUIPMENT)	
		BLDG & FIXT (SQUARE FEET)	CAP REL COSTS - CON (SQUARE FOOTAGE)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	1.01	2.00	4.00	5.01	5.02	
1.00	Administrative and General	4,585	0	1,296	929,001	150	179	1.00
2.00	Skilled Nursing Care	0	0	0	1,978,696	0	0	2.00
3.00	Physical Therapy	0	0	0	684,286	0	0	3.00
4.00	Occupational Therapy	0	0	0	284,247	0	0	4.00
5.00	Speech Pathology	0	0	0	32,083	0	0	5.00
6.00	Medical Social Services	0	0	0	58,397	0	0	6.00
7.00	Home Health Aide	0	0	0	51,175	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	4,585	0	1,296	4,017,885	150	179	20.00
21.00	Total cost to be allocated	48,979	0	1,305	915,041	43,615	913,336	21.00
22.00	Unit cost multiplier	10.682443	0.000000	1.006944	0.227742	290.766667	5,102.435754	22.00
Cost Center Description		PURCHASING/RECEIVING/STORES (SUPPLIES)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (HOURS)	
		5.03	5.04	5.05	5A.06	5.06	6.00	
1.00	Administrative and General	36,373	5,178,235	5,178,235	0	1,250,362	255	1.00
2.00	Skilled Nursing Care	0	0	0	0	3,289,916	0	2.00
3.00	Physical Therapy	0	0	0	0	1,150,303	0	3.00
4.00	Occupational Therapy	0	0	0	0	510,302	0	4.00
5.00	Speech Pathology	0	0	0	0	94,605	0	5.00
6.00	Medical Social Services	0	0	0	0	97,156	0	6.00
7.00	Home Health Aide	0	0	0	0	94,414	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)	36,373	5,178,235	5,178,235		6,487,058	255	20.00
21.00	Total cost to be allocated	557	7,545	23,452		474,496	50,322	21.00
22.00	Unit cost multiplier	0.015314	0.001457	0.004529		0.073145	197.341176	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0053

Period:

Worksheet H-2

HHA CCN: 14-7222

From 07/01/2018

Part II

To 06/30/2019

Date/Time Prepared:

11/26/2019 12:35 pm

Home Health

Agency I

PPS

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (NUMBER HOUSED)	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	4,585	0	0	0	4,968	4,968	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	4,585	0	0	0	4,968	4,968	20.00
21.00	Total cost to be allocated	144,910	0	0	0	221,805	293,178	21.00
22.00	Unit cost multiplier	31.605234	0.000000	0.000000	0.000000	44.646739	59.013285	22.00
Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (DISCHARGES)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
		14.00	15.00	16.00	20.00	21.00	22.00	
1.00	Administrative and General	0	900	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	900	0	0	0	0	20.00
21.00	Total cost to be allocated	0	601	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.667778	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0053

Period:

Worksheet H-2

HHA CCN: 14-7222

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/26/2019 12:35 pmHome Health
Agency I

PPS

Cost Center Description		PARAMED ED (CLINICAL LAB SCIENCE) (ASSIGNED TIME)	PARAMED ED (RESPIRATORY THERAPY) (ASSIGNED TIME)	PARAMED ED (ENDT) (ASSIGNED TIME)	PARAMED ED (PHARMACY) (ASSIGNED TIME)	PARAMED ED (PASTORAL CARE) (HOURS)		
		23.00	23.01	23.02	23.03	23.04		
1.00	Administrative and General	0	0	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0		20.00
21.00	Total cost to be allocated	0	0	0	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet H-3

HHA CCN: 14-7222

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/26/2019 12:35 pm

Title XVIII				Home Health Agency I		PPS	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
	0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	4,820,110		4,820,110	17,321	278.28
2.00	Physical Therapy	3.00	1,685,328	0	1,685,328	6,716	250.94
3.00	Occupational Therapy	4.00	747,652	0	747,652	2,463	303.55
4.00	Speech Pathology	5.00	138,608	0	138,608	475	291.81
5.00	Medical Social Services	6.00	142,344		142,344	212	671.43
6.00	Home Health Aide	7.00	138,328		138,328	1,416	97.69
7.00	Total (sum of lines 1-6)		7,672,370	0	7,672,370	28,603	
				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		14010	0	54		8.00
8.01	Skilled Nursing Care		16580	0	148		8.01
8.02	Skilled Nursing Care		19500	0	2,891		8.02
8.03	Skilled Nursing Care		41180	0	248		8.03
8.04	Skilled Nursing Care		44100	0	2,813		8.04
8.05	Skilled Nursing Care		99914	0	1,089		8.05
9.00	Physical Therapy		14010	0	30		9.00
9.01	Physical Therapy		16580	0	68		9.01
9.02	Physical Therapy		19500	0	1,644		9.02
9.03	Physical Therapy		41180	0	74		9.03
9.04	Physical Therapy		44100	0	657		9.04
9.05	Physical Therapy		99914	0	444		9.05
10.00	Occupational Therapy		14010	0	2		10.00
10.01	Occupational Therapy		16580	0	22		10.01
10.02	Occupational Therapy		19500	0	610		10.02
10.03	Occupational Therapy		41180	0	23		10.03
10.04	Occupational Therapy		44100	0	261		10.04
10.05	Occupational Therapy		99914	0	170		10.05
11.00	Speech Pathology		14010	0	0		11.00
11.01	Speech Pathology		16580	0	1		11.01
11.02	Speech Pathology		19500	0	47		11.02
11.03	Speech Pathology		41180	0	12		11.03
11.04	Speech Pathology		44100	0	80		11.04
11.05	Speech Pathology		99914	0	65		11.05
12.00	Medical Social Services		14010	0	0		12.00
12.01	Medical Social Services		16580	0	1		12.01
12.02	Medical Social Services		19500	0	50		12.02
12.03	Medical Social Services		41180	0	1		12.03
12.04	Medical Social Services		44100	0	37		12.04
12.05	Medical Social Services		99914	0	8		12.05
13.00	Home Health Aide		14010	0	9		13.00
13.01	Home Health Aide		16580	0	0		13.01
13.02	Home Health Aide		19500	0	229		13.02
13.03	Home Health Aide		41180	0	0		13.03
13.04	Home Health Aide		44100	0	496		13.04
13.05	Home Health Aide		99914	0	74		13.05
14.00	Total (sum of lines 8-13)			0	12,358		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet H-3

HHA CCN: 14-7222

From 07/01/2018

Part I

To 06/30/2019

Date/Time Prepared:

11/26/2019 12:35 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total 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	54,594	54,594	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Cost Center Description		Program Visits			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
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	7,243		0	2,015,582		1.00
2.00	Physical Therapy	0	2,917		0	731,992		2.00
3.00	Occupational Therapy	0	1,088		0	330,262		3.00
4.00	Speech Pathology	0	205		0	59,821		4.00
5.00	Medical Social Services	0	97		0	65,129		5.00
6.00	Home Health Aide	0	808		0	78,934		6.00
7.00	Total (sum of lines 1-6)	0	12,358		0	3,281,720		7.00
Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
8.04	Skilled Nursing Care							8.04
8.05	Skilled Nursing Care							8.05
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
9.04	Physical Therapy							9.04
9.05	Physical Therapy							9.05
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
10.04	Occupational Therapy							10.04
10.05	Occupational Therapy							10.05
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
11.04	Speech Pathology							11.04
11.05	Speech Pathology							11.05
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
12.04	Medical Social Services							12.04
12.05	Medical Social Services							12.05
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
13.04	Home Health Aide							13.04
13.05	Home Health Aide							13.05
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet H-3

HHA CCN: 14-7222

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/26/2019 12:35 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Covered Charges			Cost of Services	Agency 1		
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance				
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	162,899	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2,015,582						1.00
2.00	Physical Therapy	731,992						2.00
3.00	Occupational Therapy	330,262						3.00
4.00	Speech Pathology	59,821						4.00
5.00	Medical Social Services	65,129						5.00
6.00	Home Health Aide	78,934						6.00
7.00	Total (sum of lines 1-6)	3,281,720						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
8.04	Skilled Nursing Care							8.04
8.05	Skilled Nursing Care							8.05
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
9.04	Physical Therapy							9.04
9.05	Physical Therapy							9.05
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
10.04	Occupational Therapy							10.04
10.05	Occupational Therapy							10.05
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
11.04	Speech Pathology							11.04
11.05	Speech Pathology							11.05
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
12.04	Medical Social Services							12.04
12.05	Medical Social Services							12.05
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
13.04	Home Health Aide							13.04
13.05	Home Health Aide							13.05
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet H-3

HHA CCN: 14-7222

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/26/2019 12:35 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.299643	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy							2.00
3.00 Speech Pathology							3.00
4.00 Cost of Medical Supplies	71.00	0.335139	162,899	54,594	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.175807	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0053

Period:

Worksheet H-4

HHA CCN: 14-7222

From 07/01/2018
To 06/30/2019Part I-II
Date/Time Prepared:
11/26/2019 12:35 pm

Title XVIII

Home Health
Agency I

PPS

		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			1.00	2.00	
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	1,966,834	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers			112,739	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	50,243	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	15,245	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	30,784	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	62	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	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,175,907	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	2,175,907	24.00
25.00	Coinsurance billed to program patients (from your records)			0	25.00
26.00	Net cost (line 24 minus line 25)		0	2,175,907	26.00
27.00	Reimbursable bad debts (from your records)				27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)				28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)			2,175,907	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	2,175,907	31.00
31.01	Sequestration adjustment (see instructions)		0	43,518	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	2,132,389	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: 14-0053

Period:

Worksheet H-5

HHA CCN: 14-7222

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 12:35 pmHome Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0			1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		2,132,389	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		2,132,389	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		2,132,389	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0053

Period:

Worksheet 0

Hospice CCN: 14-1503

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 12:35 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	0	0	0	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	191	191	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	1,664	1,664	0	8.00
9.00	NURSING ADMINISTRATION*	108,372	0	108,372	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	42,355	42,355	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	49,213	0	49,213	0	13.00
14.00	PHARMACY*	0	68,776	68,776	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	69,289	318,598	387,887	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	53,281	53,281	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	342,116	0	342,116	-17,125	28.00
29.00	LPN/LVN**	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	38,093	0	38,093	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	-19	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	34,308	0	34,308	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	113,145	113,145	0	38.00
39.00	PATIENT TRANSPORTATION**	0	23,521	23,521	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	40,580	40,580	-39,060	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	641,391	662,111	1,303,502	-56,204	1,247,298

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0053

Period:

Worksheet 0

Hospice CCN: 14-1503

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 12:35 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	0	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	191	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	1,664	8.00
9.00	NURSING ADMINISTRATION*	0	108,372	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	42,355	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	49,213	13.00
14.00	PHARMACY*	0	68,776	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	-1,897	385,990	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	53,281	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	324,991	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	38,093	33.00
34.00	SPIRITUAL COUNSELING**	0	-19	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	34,308	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	113,145	38.00
39.00	PATIENT TRANSPORTATION**	0	23,521	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	1,520	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-1,897	1,245,401	100.00

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

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

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

Provider CCN: 14-0053

Period:

Worksheet 0-2

Hospice CCN: 14-1503

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 12:35 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	53,281	53,281	0	53,281	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	293,069	0	293,069	-17,125	275,944	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	38,093	0	38,093	0	38,093	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	-19	-19	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	34,308	0	34,308	0	34,308	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	113,145	113,145	0	113,145	38.00
39.00	PATIENT TRANSPORTATION	0	23,521	23,521	0	23,521	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	40,580	40,580	-39,060	1,520	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	365,470	230,527	595,997	-56,204	539,793	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	53,281	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	275,944	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	38,093	33.00
34.00	SPIRITUAL COUNSELING	0	-19	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	34,308	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	113,145	38.00
39.00	PATIENT TRANSPORTATION	0	23,521	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	1,520	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	539,793	100.00

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

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

Provider CCN: 14-0053

Period:

Worksheet 0-3

Hospice CCN: 14-1503

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 12:35 pm

				Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL		
		1.00	2.00	3.00	4.00	5.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00	
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00	
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00	
28.00	REGISTERED NURSE	1,058	0	1,058	0	1,058	28.00	
29.00	LPN/LVN	0	0	0	0	0	29.00	
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00	
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00	
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00	
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00	
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00	
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00	
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00	
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00	
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00	
40.00	IMAGING SERVICES	0	0	0	0	0	40.00	
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00	
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00	
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50	
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00	
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00	
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00	
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00	
100.00	TOTAL *	1,058	0	1,058	0	1,058	100.00	

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,058	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	1,058	100.00

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

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

Provider CCN: 14-0053

Period:

Worksheet 0-4

Hospice CCN: 14-1503

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 12:35 pm

				Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL		
		1.00	2.00	3.00	4.00	5.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00	
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00	
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00	
28.00	REGISTERED NURSE	47,989	0	47,989	0	47,989	28.00	
29.00	LPN/LVN	0	0	0	0	0	29.00	
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00	
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00	
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00	
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00	
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00	
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00	
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00	
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00	
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00	
40.00	IMAGING SERVICES	0	0	0	0	0	40.00	
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00	
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00	
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50	
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00	
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00	
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00	
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00	
100.00	TOTAL *	47,989	0	47,989	0	47,989	100.00	

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	47,989	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	47,989	100.00

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

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

Provider CCN: 14-0053

Period:

Worksheet 0-5

Hospice CCN: 14-1503

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 12:35 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	16,323	16,323	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	142,172	142,172	3.00
4.00	ADMINISTRATIVE & GENERAL	0	160,851	160,851	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	48,490	48,490	5.00
6.00	LAUNDRY & LINEN SERVICE	191	0	191	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	1,664	0	1,664	8.00
9.00	NURSING ADMINISTRATION	108,372	54,823	163,195	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	42,355	0	42,355	12.00
13.00	VOLUNTEER SERVICE COORDINATION	49,213	0	49,213	13.00
14.00	PHARMACY	68,776	45,928	114,704	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	385,990	0	385,990	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	539,793	0	539,793	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,058	0	1,058	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	47,989	0	47,989	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	1,245,401	468,587	1,713,988	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet 0-6

Hospice CCN: 14-1503

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/26/2019 12:35 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	16,323	16,323					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	142,172	0	0	142,172			3.00
4.00	ADMINISTRATIVE & GENERAL	160,851	16,323	0	0		177,174	4.00
5.00	PLANT OPERATION & MAINTENANCE	48,490	0	0	0		48,490	5.00
6.00	LAUNDRY & LINEN SERVICE	191	0	0	0		191	6.00
7.00	HOUSEKEEPING	0	0	0	0		0	7.00
8.00	DIETARY	1,664	0	0	0		1,664	8.00
9.00	NURSING ADMINISTRATION	163,195	0	0	24,022		187,217	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0		0	10.00
11.00	MEDICAL RECORDS	0	0	0	0		0	11.00
12.00	STAFF TRANSPORTATION	42,355	0	0	0		42,355	12.00
13.00	VOLUNTEER SERVICE COORDINATION	49,213	0	0	10,909		60,122	13.00
14.00	PHARMACY	114,704	0	0	0		114,704	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0		0	15.00
16.00	OTHER GENERAL SERVICE	385,990	0	0	15,359		401,349	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0			0	17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	539,793			81,010		620,803	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,058	0	0	235		1,293	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	47,989	0	0	10,637		58,626	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0	0	0		0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0		0	61.00
62.00	FUNDRAISING	0	0	0	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0		0	66.00
67.00	ADVERTISING	0	0	0	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0		0	68.00
69.00	THRIFT STORE	0	0	0	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0		0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		0	99.00
100.00	TOTAL	1,713,988	16,323	0	142,172		1,713,988	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet 0-6

Hospice CCN: 14-1503

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/26/2019 12:35 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	177,174						4.00
5.00	PLANT OPERATION & MAINTENANCE	5,590	54,080					5.00
6.00	LAUNDRY & LINEN SERVICE	22	0		213			6.00
7.00	HOUSEKEEPING	0	0			0		7.00
8.00	DIETARY	192	0			0	1,856	8.00
9.00	NURSING ADMINISTRATION	21,584	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0			0		10.00
11.00	MEDICAL RECORDS	0	0			0		11.00
12.00	STAFF TRANSPORTATION	4,883	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	6,931	0			0		13.00
14.00	PHARMACY	13,224	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	46,270	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	71,570						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	149	4,867		19	0	162	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	6,759	49,213		194	0	1,694	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	177,174	54,080		213	0	1,856	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet 0-6

Hospice CCN: 14-1503

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/26/2019 12:35 pm

Descriptions		Hospice I					
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	208,801					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			47,238		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	67,053	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	191,885	0	0	47,238	61,613	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,501	0	0	0	481	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	15,415	0	0	0	4,959	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	208,801	0	0	47,238	67,053	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet 0-6

Hospice CCN: 14-1503

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/26/2019 12:35 pm

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	127,928					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		447,619			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	127,928	0	411,810		1,532,847	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	4,476	0	12,948	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	31,333	0	168,193	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	127,928	0	447,619	0	1,713,988	100.00

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

Provider CCN: 14-0053

Period:

Worksheet 0-6

Hospice CCN: 14-1503

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	9,961					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	641,391			3.00
4.00	ADMINISTRATIVE & GENERAL	9,961	0	0	-177,174	1,536,814	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	48,490	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	191	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	1,664	8.00
9.00	NURSING ADMINISTRATION	0	0	108,372	0	187,217	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	42,355	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	49,213	0	60,122	13.00
14.00	PHARMACY	0	0	0	0	114,704	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	69,289	0	401,349	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			365,470	0	620,803	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	1,058	0	1,293	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	47,989	0	58,626	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	16,323	0	142,172		177,174	100.00
101.00	UNIT COST MULTIPLIER	1.638691	0.000000	0.221662		0.115287	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASISProvider CCN: 14-0053
Hospice CCN: 14-1503Period:
From 07/01/2018
To 06/30/2019Worksheet 0-6
Part II
Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	100					5.00
6.00	LAUNDRY & LINEN SERVICE	0	791				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	791		8.00
9.00	NURSING ADMINISTRATION	0		0		2,086	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					1,917	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	9	69	0	69	15	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	91	722	0	722	154	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	54,080	213	0	1,856	208,801	100.00
101.00	UNIT COST MULTIPLIER	540.800000	0.269279	0.000000	2.346397	100.096357	101.00

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

Provider CCN: 14-0053

Period:

Worksheet 0-6

Hospice CCN: 14-1503

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)		MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL							4.00
5.00	PLANT OPERATION & MAINTENANCE							5.00
6.00	LAUNDRY & LINEN SERVICE							6.00
7.00	HOUSEKEEPING							7.00
8.00	DIETARY							8.00
9.00	NURSING ADMINISTRATION							9.00
10.00	ROUTINE MEDICAL SUPPLIES	0						10.00
11.00	MEDICAL RECORDS		0					11.00
12.00	STAFF TRANSPORTATION				100			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	1,812		13.00
14.00	PHARMACY				0	0	248,189	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES				0	0	0	15.00
16.00	OTHER GENERAL SERVICE				0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES							17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	100	1,665	248,189	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	13	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	134	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM				0	0	0	60.00
61.00	VOLUNTEER PROGRAM				0	0	0	61.00
62.00	FUNDRAISING				0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS				0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM				0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES				0	0	0	65.00
66.00	RESIDENTIAL CARE				0	0	0	66.00
67.00	ADVERTISING				0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING				0	0	0	68.00
69.00	THRIFT STORE				0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)				0	0	0	71.00
99.00	NEGATIVE COST CENTER							99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	47,238	67,053	127,928	0	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	472.380000	37.004967	0.515446	0	101.00

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

Provider CCN: 14-0053

Period:

Worksheet 0-6

Hospice CCN: 14-1503

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/26/2019 12:35 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		100			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			791		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	92			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	1	69		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	7	722		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	447,619	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	4,476.190000	0.000000		101.00

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

Provider CCN: 14-0053

Period:

Worksheet 0-7

Hospice CCN: 14-1503

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

Date/Time Prepared:
11/26/2019 12:35 pm

Hospice I

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.299643	0	1,665	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00					2.00
3.00	SPEECH PATHOLOGY	68.00					3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.175807	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.152101	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.335139	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.158171	0	0	0	9.00
10.00	OTHER ANCILLARY	76.00	0.379514	0	0	0	10.00
10.97	CARDIAC REHABILITATION	76.97	0.453821	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.354522	0	0	0	10.98
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	499	0	0	1.00
2.00	OCCUPATIONAL THERAPY						2.00
3.00	SPEECH PATHOLOGY						3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	OTHER ANCILLARY	0	0	0	0	0	10.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
11.00	Totals (sum of lines 1-11)		0	499	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0053

Period:

Worksheet 0-8

Hospice CCN: 14-1503

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 12:35 pm

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			1,533,346	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			8,968	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			170.98	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	5,980	128		9.00
10.00	Program cost (line 8 times line 9)	1,022,460	21,885		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			12,948	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			69	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			187.65	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	49	0		14.00
15.00	Program cost (line 13 times line 14)	9,195	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			168,193	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			722	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			232.95	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	411	14		19.00
20.00	Program cost (line 18 times line 19)	95,742	3,261		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			1,714,487	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			9,759	22.00
23.00	Average cost per diem (line 21 divided by line 22)			175.68	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0053	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/26/2019 12:35 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,912,561	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		421,360	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)		269.04	3.00
4.00	Number of interns & residents (see instructions)		59.19	4.00
5.00	Indirect medical education percentage (see instructions)		6.41	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)		378,995	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.51	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		32.79	8.00
9.00	Sum of lines 7 and 8		37.30	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.84	10.00
11.00	Disproportionate share adjustment (see instructions)		463,545	11.00
12.00	Total prospective capital payments (see instructions)		7,176,461	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