

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

OMB NO. 0938-0050
EXPIRES 03-31-2022

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

Provider CCN: 14-0091

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

Worksheet S
Parts I-III
Date/Time Prepared:
8/12/2020 5:32 pm

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 8/12/2020	Time: 5:32 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status	6. Date Received:	10. NPR Date:
	(1) As Submitted	7. Contractor No.	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. ☒ Initial Report for this Provider CCN	12. ☐ If line 5, column 1 is 4: Enter
	(3) Settled with Audit	9. ☒ Final Report for this Provider CCN	number of times reopened = 0-9.
	(4) Reopened		
	(5) Amended		

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 CARLE FOUNDATION HOSPITAL (14-0091) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	126,231	527,062	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	5,948	6		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	132,179	527,068	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: 14-0091		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/12/2020 5:32 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 611 W. PARK STREET			PO Box:				1.00		
2.00	City: URBANA			State: IL		Zip Code: 61801-2595		County: CHAMPAIGN		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		CARLE FOUNDATION HOSPITAL	140091	16580	1	07/01/1966	N	P	P
4.00	Subprovider - IPF									
5.00	Subprovider - IRF		CARLE INPATIENT REHAB	14T091	16580	5	07/01/1991	N	P	O
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA		CARLE HOME CARE	147241	16580		09/13/1983	N	P	N
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice		CARLE HOSPICE	141526	16580		05/09/1989			
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
17.10	Hospital-Based (CORF) I									
17.20	Hospital-Based (OPT) I									
17.30	Hospital-Based (OOT) I									
17.40	Hospital-Based (OSP) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2019	12/31/2019		20.00
21.00	Type of Control (see instructions)						2			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)					N	N			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0091		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/12/2020 5:32 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		
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.	9,273	3,664	0	44	23,590	62	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	385	248	0	0	1,031		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	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	N		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	N			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N					63.00

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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.								
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.43	5.82	0.068800		64.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
			1.00	2.00	3.00			
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)	FAMILY MEDICINE	1350	0.93	12.58	0.068838		65.00
65.01		OSTEOPATHIC	3600	0.00	1.76	0.000000		65.01
65.02		INTERNAL MEDICINE	1400	0.00	26.87	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	18.42	0.000000		66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
			1.00	2.00	3.00			
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.49	16.59	0.028689		67.00
67.01		INTERNAL MEDICINE	1400	0.08	28.85	0.002765		67.01
67.02		PSYCHIATRY	2200	0.65	4.35	0.130000		67.02

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	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		N	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		N	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		N	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		N	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	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0091		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/12/2020 5:32 pm	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N			108.00
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				N	N	N
						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	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.			N			112.00
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.			N			0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1			118.00
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:			0	0	0	118.01
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N			118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.			N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.			N			122.00
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 8/12/2020 5:32 pm				
		1.00	2.00					
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00			
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00			
133.00	Removed and reserved				133.00			
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00			
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	04H077		140.00			
		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: THE CARLE FOUNDATION	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00450	141.00			
142.00	Street: 611 W. PARK ST.	PO Box:			142.00			
143.00	City: URBANA	State: IL	Zip Code: 61801		143.00			
				1.00				
144.00	Are provider based physicians' costs included in Worksheet A?	Y			144.00			
				1.00	2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				145.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00			
				1.00				
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00			
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00			
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	157.00		
158.00	SUBPROVIDER					158.00		
159.00	SNF	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		
161.00	CMHC		N	N	N	161.00		
161.10	CORF		N	N	N	161.10		
161.20	OUTPATIENT PHYSICAL THERAPY		N	N	N	161.20		
161.30	OUTPATIENT OCCUPATIONAL THERAPY		N	N	N	161.30		
161.40	OUTPATIENT SPEECH PATHOLOGY		N	N	N	161.40		
				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	166.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 8/12/2020 5:32 pm
			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.			N 167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.00 169.00
			Beginning	Ending
			1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			N 0 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 8/12/2020 5:32 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	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?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	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	04/24/2020	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		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: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
8/12/2020 5:32 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.	LUCAS	MORTON		41.00
42.00	Enter the employer/company name of the cost report preparer.	CARLE FOUNDATION HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	217-902-6326	LUCAS.MORTON@CARLE.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 8/12/2020 5:32 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR-FINANCE		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: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/12/2020 5:32 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 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	338	122,010	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)		338	122,010	0.00	0	7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 NEONATAL ICU	31.01	25	9,125	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	18	5,754	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	30	10,406	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		411	147,295	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,300		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
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)		431			0	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)		12	4,380			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: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/12/2020 5:32 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)	29,244	9,788	92,900			1.00
2.00 HMO and other (see instructions)	23,109	23,590				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	984	1,031				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)	29,244	9,788	92,900			7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 NEONATAL ICU	0	379	3,519			8.01
9.00 CORONARY CARE UNIT	1,758	606	5,621			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	2,015	695	6,443			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,183	10,978			13.00
14.00 Total (see instructions)	33,017	12,651	119,461	69.41	3,292.91	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	1,686	633	5,909	0.00	36.30	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	12,401	4,333	35,692	0.00	64.97	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	40,536	6,199	49,493	0.00	32.04	24.00
24.10 HOSPICE (non-distinct part)			591			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
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)				69.41	3,426.22	27.00
28.00 Observation Bed Days		4,284	14,589			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	392	1,540			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			158			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: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/12/2020 5:32 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	6,860	6,621	28,030	1.00
2.00 HMO and other (see instructions)			4,928	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
8.01 NEONATAL ICU						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	6,860	6,621	28,030	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	107	79	350	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
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: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
8/12/2020 5:32 pm

	Wkst. A Line Number	Amount Reported	Reclassificat ion 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	222,898,660	27,051,763	249,950,423	8,230,579.03	30.37 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		88,968	0	88,968	640.00	139.01 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		2,588	0	2,588	10.50	246.48 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	4,494,666	1,785	4,496,451	162,601.45	27.65 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		19,175,695	502,290	19,677,985	528,096.09	37.26 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		17,115,161	0	17,115,161	251,867.15	67.95 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		5,172,131	0	5,172,131	44,527.23	116.16 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		86,264,575	0	86,264,575	2,695,236.62	32.01 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		53,905,472	0	53,905,472		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		3,775,884	0	3,775,884		
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		4,576	0	4,576		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		75	0	75		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		1,162,600	0	1,162,600		
25.50	Home office wage-related (core)		20,419,249	0	20,419,249		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
8/12/2020 5:32 pm

		Wkst. A Line Number	Amount Reported	Reclassificat ion of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	0	3,265,108	3,265,108	89,719.15	36.39	26.00
27.00	Administrative & General	5.00	11,872,159	-202,642	11,669,517	510,005.47	22.88	27.00
28.00	Administrative & General under contract (see inst.)		11,308,371	0	11,308,371	127,897.65	88.42	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	0	4,907,006	4,907,006	150,421.42	32.62	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	5,322,927	5,322,927	326,110.67	16.32	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	3,537,156	3,537,156	191,347.75	18.49	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,267,483	1,250	2,268,733	56,039.26	40.48	38.00
39.00	Central Services and Supply	14.00	0	2,912,027	2,912,027	159,591.43	18.25	39.00
40.00	Pharmacy	15.00	6,491,931	-177,294	6,314,637	150,886.40	41.85	40.00
41.00	Medical Records & Medical Records Library	16.00	595,168	5,469,774	6,064,942	202,989.27	29.88	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: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part III
Date/Time Prepared:
8/12/2020 5:32 pm

	Worksheet A Line Number	Amount Reported	Reclassificat ion 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)	229,709,777	27,049,978	256,759,755	8,195,864.73	31.33	1.00
2.00	Excluded area salaries (see instructions)	19,175,695	502,290	19,677,985	528,096.09	37.26	2.00
3.00	Subtotal salaries (line 1 minus line 2)	210,534,082	26,547,688	237,081,770	7,667,768.64	30.92	3.00
4.00	Subtotal other wages & related costs (see inst.)	108,551,867	0	108,551,867	2,991,631.00	36.29	4.00
5.00	Subtotal wage-related costs (see inst.)	74,329,297	0	74,329,297	0.00	31.35	5.00
6.00	Total (sum of lines 3 thru 5)	393,415,246	26,547,688	419,962,934	10,659,399.64	39.40	6.00
7.00	Total overhead cost (see instructions)	32,535,112	25,035,312	57,570,424	1,965,008.47	29.30	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part IV
Date/Time Prepared:
8/12/2020 5:32 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	11,776,878	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	27,759,338	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	163,946	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)	738,903	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	774,235	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	16,206,405	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	34,766	19.00
20.00	State or Federal Unemployment Taxes	1,120	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	1,393,016	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	58,848,607	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part V
Date/Time Prepared:
8/12/2020 5:32 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	17,270,077	58,848,607	1.00
2.00	Hospital	17,115,161	56,866,050	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	21,246	539,800	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	127,431	966,288	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	6,239	476,469	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
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0091 Component CCN: 14-7241		Period: From 01/01/2019 To 12/31/2019		Worksheet S-4 Date/Time Prepared: 8/12/2020 5:32 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	1,660	0	1,180	2,840	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,035.00	0.00	2,427.00	0.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		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			1.93	0.00	1.93	5.00
6.00	Direct Nursing Service			19.29	0.90	20.19	6.00
7.00	Nursing Supervisor			1.91	0.00	1.91	7.00
8.00	Physical Therapy Service			15.68	0.00	15.68	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			5.35	0.00	5.35	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			2.42	0.00	2.42	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.19	0.00	0.19	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.37	0.00	1.37	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.			5			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				19180			20.02
20.03				19500			20.03
20.04				99914			20.04
		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	4,052	372	261	55	4,740	21.00
22.00	Skilled Nursing Visit Charges	804,440	71,640	54,270	11,110	941,460	22.00
23.00	Physical Therapy Visits	4,325	79	200	83	4,687	23.00
24.00	Physical Therapy Visit Charges	920,915	16,645	45,725	17,735	1,001,020	24.00
25.00	Occupational Therapy Visits	1,583	55	38	42	1,718	25.00
26.00	Occupational Therapy Visit Charges	332,430	11,550	7,980	8,820	360,780	26.00
27.00	Speech Pathology Visits	359	27	9	17	412	27.00
28.00	Speech Pathology Visit Charges	82,500	6,200	2,100	3,950	94,750	28.00
29.00	Medical Social Service Visits	44	2	1	0	47	29.00
30.00	Medical Social Service Visit Charges	13,420	610	305	0	14,335	30.00
31.00	Home Health Aide Visits	740	29	8	20	797	31.00
32.00	Home Health Aide Visit Charges	62,900	2,465	680	1,700	67,745	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	11,103	564	517	217	12,401	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)	2,216,605	109,110	111,060	43,315	2,480,090	35.00
36.00	Total Number of Episodes (standard/non outlier)	967		187	14	1,168	36.00
37.00	Total Number of Outlier Episodes		20		3	23	37.00
38.00	Total Non-Routine Medical Supply Charges	93,083	2,756	10,891	0	106,730	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0091

Period:

Worksheet S-9

Hospice CCN: 14-1526

From 01/01/2019
To 12/31/2019PARTS I THROUGH IV
Date/Time Prepared:
8/12/2020 5:32 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	36,602	2,372	4,026	43,000	11.00
12.00	Hospice Inpatient Respite Care	78	0	0	78	12.00
13.00	Hospice General Inpatient Care	583	2	0	585	13.00
14.00	Total Hospice Days	37,263	2,374	4,026	43,663	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: 14-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet S-10 Date/Time Prepared: 8/12/2020 5:32 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)			0.193363	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			156,296,701	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			695,563,803	6.00
7.00	Medicaid cost (line 1 times line 6)			134,496,304	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)			0	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)			0	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)	68,480,177	17,816,425	86,296,602	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	13,241,532	17,816,425	31,057,957	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)	13,241,532	17,816,425	31,057,957	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)			34,877,085	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			2,661,678	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			4,094,890	27.01
28.00	Non-Medicare bad debt expense (see instructions)			30,782,195	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			7,385,350	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			38,443,307	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			38,443,307	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0091		Period: From 01/01/2019 To 12/31/2019		Worksheet A Date/Time Prepared: 8/12/2020 5:32 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (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		43,593	43,593	-532,940	-489,347	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP		19,520,936	19,520,936	0	19,520,936	2.00	
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00	
5.01	00540	NON-PATIENT TELEPHONE	0	0	0	0	0	5.01	
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02	
5.03	00560	FOUNDATION OVERHEAD	0	0	0	0	0	5.03	
5.04	00570	ADMITTING	4,950,658	2,064,521	7,015,179	-149,244	6,865,935	5.04	
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	419,786	143,145,119	143,564,905	98,527,992	242,092,897	5.05	
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	6,501,715	80,542,366	87,044,081	-48,339,441	38,704,640	5.06	
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00	
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00	
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00	
10.00	01000	DIETARY	0	0	0	0	0	10.00	
11.00	01100	CAFETERIA	0	0	0	0	0	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	2,267,483	1,193,919	3,461,402	-186,096	3,275,306	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00	
15.00	01500	PHARMACY	6,491,931	18,835,472	25,327,403	-18,637,996	6,689,407	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	595,168	455,772	1,050,940	-13,416	1,037,524	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,494,666	6,552,032	11,046,698	-5,051,644	5,995,054	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	4,895,812	4,895,812	22.00	
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0	691,789	691,789	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	47,651,775	35,309,159	82,960,934	-15,637,599	67,323,335	30.00	
31.01	03101	NEONATAL ICU	6,818,431	3,817,108	10,635,539	-554,946	10,080,593	31.01	
32.00	03200	CORONARY CARE UNIT	4,603,063	3,699,804	8,302,867	-549,744	7,753,123	32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	4,432,722	4,835,579	9,268,301	-553,195	8,715,106	34.00	
41.00	04100	SUBPROVIDER - IRF	2,737,709	1,271,605	4,009,314	-347,208	3,662,106	41.00	
43.00	04300	NURSERY	0	0	0	2,192,354	2,192,354	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	9,483,735	44,832,250	54,315,985	-21,275,741	33,040,244	50.00	
51.00	05100	RECOVERY ROOM	1,549,834	705,983	2,255,817	-188,543	2,067,274	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,991,623	6,991,623	52.00	
53.00	05300	ANESTHESIOLOGY	81,295	1,366,155	1,447,450	-1,447,450	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,293,009	16,332,943	29,625,952	-4,499,006	25,126,946	54.00	
57.00	05700	CT SCAN	2,038,796	2,995,255	5,034,051	-176,509	4,857,542	57.00	
58.00	05800	MRI	1,824,726	2,563,237	4,387,963	-178,051	4,209,912	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,274,235	8,300,339	9,574,574	-7,380,925	2,193,649	59.00	
60.00	06000	LABORATORY	7,906,682	18,336,965	26,243,647	-3,174,089	23,069,558	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	426,974	2,388,867	2,815,841	-44,364	2,771,477	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	3,588,439	3,358,283	6,946,722	-263,604	6,683,118	65.00	
66.00	06600	PHYSICAL THERAPY	16,567,385	11,780,641	28,348,026	-6,086,523	22,261,503	66.00	
69.00	06900	ELECTROCARDIOLOGY	2,746,517	2,678,820	5,425,337	-352,959	5,072,378	69.00	
69.01	03650	SPECIAL PROCEDURES	4,532,966	16,234,177	20,767,143	-12,338,661	8,428,482	69.01	
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	280,104	328,067	608,171	-37,240	570,931	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	22,329,185	22,329,185	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	21,661,217	21,661,217	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	18,096,394	18,096,394	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	1,004,808	2,093,413	3,098,221	-1,211,246	1,886,975	75.00	
75.01	07501	WOUND CARE	0	0	0	0	0	75.01	
76.00	03950	ACUTE DIALYSIS	0	1,157,384	1,157,384	-1,157,384	0	76.00	
76.97	07697	CARDIAC REHABILITATION	289,015	260,587	549,602	-148,560	401,042	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	329,181	98,277	427,458	0	427,458	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	340B CLINICS	37,693,801	48,173,027	85,866,828	-14,150,292	71,716,536	90.01	
90.02	09002	HOME INFUSION	0	0	0	0	0	90.02	
91.00	09100	EMERGENCY	5,947,074	11,446,603	17,393,677	-907,335	16,486,342	91.00	
91.01	09101	SLEEP LAB	713,659	903,002	1,616,661	-418,610	1,198,051	91.01	
91.02	09102	BRONCH & GASTRO LAB	2,923,332	4,620,684	7,544,016	-960,965	6,583,051	91.02	
91.03	09103	SURGICENTER	0	0	0	0	0	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0	0	0	99.10	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0091

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

Worksheet A

Date/Time Prepared:
8/12/2020 5:32 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	5,685,573	3,424,497	9,110,070	-1,402,072	7,707,998	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	2,291,929	4,876,383	7,168,312	-876,374	6,291,938	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	214,438,176	530,542,824	744,981,000	6,156,394	751,137,394	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	181,871	181,871	-172,872	8,999	190.00
191.00	19100	RESEARCH	1,301,271	460,418	1,761,689	0	1,761,689	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	697,777	33,825,692	34,523,469	-61,045	34,462,424	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	449,784	146,050	595,834	0	595,834	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	180,742	-169,198	11,544	0	11,544	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	31,650	31,650	192.12
192.13	19213	PARISH NRSG	28,429	29,801	58,230	-7,272	50,958	192.13
192.14	19214	COMM HLTH & WLNS	107,975	3,871,978	3,979,953	0	3,979,953	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	251,237	139,846	391,083	-64,836	326,247	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	197,245	197,245	0	197,245	193.01
193.02	19302	TELEMEDICINE	1,298,359	496,890	1,795,249	-2,424	1,792,825	193.02
193.04	19304	NORTH GARAGE	0	0	0	501,290	501,290	193.04
193.05	19305	HOME INFUSION	1,157,011	18,061,829	19,218,840	-2,870,875	16,347,965	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	2,459,877	5,271,380	7,731,257	-3,123,658	4,607,599	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	368,865	421,041	789,906	0	789,906	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	1,184,346	1,184,346	0	1,184,346	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	159,157	31,160,480	31,319,637	0	31,319,637	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	386,678	386,678	-386,352	326	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	222,898,660	626,209,171	849,107,831	0	849,107,831	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0091

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

Worksheet A

Date/Time Prepared:
8/12/2020 5:32 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	0	-489,347	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	19,520,936	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,316,916	4,316,916	4.00
5.01	00540	NON-PATIENT TELEPHONE	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	5.02
5.03	00560	FOUNDATION OVERHEAD	0	0	5.03
5.04	00570	ADMITTING	-116	6,865,819	5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	-15,675,241	226,417,656	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-28,164,298	10,540,342	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	20,644,028	20,644,028	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	8,844,467	8,844,467	9.00
10.00	01000	DIETARY	6,158,549	6,158,549	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	100	3,275,406	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,902,133	1,902,133	14.00
15.00	01500	PHARMACY	0	6,689,407	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,814,861	5,852,385	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-6	5,995,048	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,895,812	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	691,789	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-277,155	67,046,180	30.00
31.01	03101	NEONATAL ICU	0	10,080,593	31.01
32.00	03200	CORONARY CARE UNIT	-13,265	7,739,858	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-16,316	8,698,790	34.00
41.00	04100	SUBPROVIDER - IRF	-2,603	3,659,503	41.00
43.00	04300	NURSERY	-9,220	2,183,134	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-116,093	32,924,151	50.00
51.00	05100	RECOVERY ROOM	0	2,067,274	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-81,650	6,909,973	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-21,083	25,105,863	54.00
57.00	05700	CT SCAN	0	4,857,542	57.00
58.00	05800	MRI	0	4,209,912	58.00
59.00	05900	CARDIAC CATHETERIZATION	-13,688	2,179,961	59.00
60.00	06000	LABORATORY	-23,553	23,046,005	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,771,477	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-12,747	6,670,371	65.00
66.00	06600	PHYSICAL THERAPY	-337,813	21,923,690	66.00
69.00	06900	ELECTROCARDIOLOGY	-164	5,072,214	69.00
69.01	03650	SPECIAL PROCEDURES	-66	8,428,416	69.01
69.02	06901	CARDIAC REHAB	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	570,931	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	22,329,185	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,661,217	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,096,394	73.00
75.00	07500	ASC (NON-DISTINCT PART)	-11,354	1,875,621	75.00
75.01	07501	WOUND CARE	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-29,401	371,641	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	427,458	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	340B CLINICS	-101,738	71,614,798	90.01
90.02	09002	HOME INFUSION	0	0	90.02
91.00	09100	EMERGENCY	-1,212,227	15,274,115	91.00
91.01	09101	SLEEP LAB	-25,849	1,172,202	91.01
91.02	09102	BRONCH & GASTRO LAB	-3,150	6,579,901	91.02
91.03	09103	SURGICENTER	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0091

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

Worksheet A

Date/Time Prepared:
8/12/2020 5:32 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	-49,946	7,658,052	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	-24,387	6,267,551	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	457,925	751,595,319	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,999	190.00
191.00	19100	RESEARCH	0	1,761,689	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	34,462,424	192.01
192.02	19202	RURAL HEALTH	0	0	192.02
192.03	19203	ARBOURS RX	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	192.04
192.05	19205	MARKETING	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	595,834	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	192.10
192.11	19211	CASC PHARMACY	0	11,544	192.11
192.12	19212	SOUTH PARKING GARAGE	0	31,650	192.12
192.13	19213	PARISH NRSG	0	50,958	192.13
192.14	19214	COMM HLTH & WLNS	0	3,979,953	192.14
192.15	19215	MOBILE CLINIC	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	326,247	192.16
192.17	19217	SMOKING CESSATION	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	192.18
192.19	19219	STRATUM	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	197,245	193.01
193.02	19302	TELEMEDICINE	0	1,792,825	193.02
193.04	19304	NORTH GARAGE	0	501,290	193.04
193.05	19305	HOME INFUSION	0	16,347,965	193.05
193.06	19306	MISSION RELATED	0	0	193.06
193.07	19307	GRANT RELATED	0	4,607,599	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	789,906	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	1,184,346	193.10
193.11	19309	RELATED PARTY THERAPY	354,530	354,530	193.11
193.12	19310	RELATED PARTY PHARMACY	907,297	907,297	193.12
193.13	19311	RELATED PARTY PHARMACISTS	128,928	128,928	193.13
193.14	19312	RETAIL PHARM	0	31,319,637	193.14
193.15	19313	RELATED PARTY DIETITIANS	21,252	21,252	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	326	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	1,869,932	850,977,763	200.00

RECLASSIFICATIONS

Provider CCN: 14-0091

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

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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	4,895,812		1.00
	COSTS APPRV					
	0		0	4,895,812		
	B - PARKING GARAGE DEPRECIATION					
1.00	SOUTH PARKING GARAGE	192.12	0	31,650		1.00
2.00	NORTH GARAGE	193.04	0	501,290		2.00
	0		0	532,940		
	C - INTERNAL FEES					
1.00	SHARED ADMINISTRATIVE & GENERAL	5.05	0	98,527,992		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
	0		0	98,527,992		
	D - DRUGS CHARGED					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	18,096,394		1.00
	0		0	18,096,394		
	E - OBSTETRICS					
1.00	NURSERY	43.00	1,246,705	945,649		1.00
	0		1,246,705	945,649		
	F - ACUTE RENAL					
1.00	ADULTS & PEDIATRICS	30.00	0	1,075,904		1.00
	0		0	1,075,904		
	G - L&D DEPT FROM ROUTINE					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	4,184,486	2,807,137		1.00
	0		4,184,486	2,807,137		
	H - RX RESIDENT					
1.00	PARAMED ED PRGM-RX RESIDENT	23.00	433,324	258,465		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	0		433,324	258,465		
	I - BONUSES					
1.00	ADMITTING	5.04	5,750	0		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	21,090	0		2.00

RECLASSIFICATIONS

Provider CCN: 14-0091

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

Worksheet A-6

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
3.00	NURSING ADMINISTRATION	13.00	1,250	0	3.00
4.00	PHARMACY	15.00	15,375	0	4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	2,500	0	5.00
6.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	1,785	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	597,675	0	7.00
8.00	NEONATAL ICU	31.01	64,250	0	8.00
9.00	CORONARY CARE UNIT	32.00	132,375	0	9.00
10.00	SURGICAL INTENSIVE CARE UNIT	34.00	104,000	0	10.00
11.00	SUBPROVIDER - IRF	41.00	13,375	0	11.00
12.00	OPERATING ROOM	50.00	47,000	0	12.00
13.00	RECOVERY ROOM	51.00	7,000	0	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	36,375	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	37,000	0	15.00
16.00	CT SCAN	57.00	4,125	0	16.00
17.00	MRI	58.00	1,000	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	9,875	0	18.00
19.00	LABORATORY	60.00	36,250	0	19.00
20.00	RESPIRATORY THERAPY	65.00	13,701	0	20.00
21.00	PHYSICAL THERAPY	66.00	88,250	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	14,250	0	22.00
23.00	SPECIAL PROCEDURES	69.01	15,125	0	23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	1,250	0	24.00
25.00	ASC (NON-DISTINCT PART)	75.00	1,250	0	25.00
26.00	340B CLINICS	90.01	188,000	0	26.00
27.00	EMERGENCY	91.00	86,250	0	27.00
28.00	SLEEP LAB	91.01	1,750	0	28.00
29.00	BRONCH & GASTRO LAB	91.02	25,625	0	29.00
30.00	HOME HEALTH AGENCY	101.00	30,000	0	30.00
31.00	HOSPICE	116.00	15,750	0	31.00
32.00	SPECIALTY TRANSPORT PROGRAM	192.07	625	0	32.00
33.00	TELEMEDICINE	193.02	17,264	0	33.00
34.00	HOME INFUSION	193.05	1,875	0	34.00
35.00	GRANT RELATED	193.07	1,250	0	35.00
0			1,640,265	0	
J - SUPPLIES CHARGED					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	22,329,185	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	21,661,217	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
0			0	43,990,402	
L - ANESTHESIA					
1.00	OPERATING ROOM	50.00	81,295	1,366,118	1.00
0			81,295	1,366,118	
M - HO SALARIES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,265,108	0	1.00
2.00	OPERATION OF PLANT	7.00	4,907,006	0	2.00
3.00	HOUSEKEEPING	9.00	5,322,927	0	3.00
4.00	DIETARY	10.00	3,537,156	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	2,912,027	0	5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	5,467,274	0	6.00

Provider CCN: 14-0091

Period:
From 01/01/2019
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Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
0		25,411,498	0			
500.00	Grand Total: Increases	32,997,573	172,496,813			500.00

RECLASSIFICATIONS

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Period:
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To 12/31/2019

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	Decreases						8/12/2020 5:32 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - INTERNS AND RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	4,895,812	0		1.00
	0		0	4,895,812			
	B - PARKING GARAGE DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	532,940	9		1.00
2.00		0.00	0	0	0		2.00
	0		0	532,940			
	C - INTERNAL FEES						
1.00	ADMITTING	5.04	0	149,244	0		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	46,458,016	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	186,096	0		3.00
4.00	PHARMACY	15.00	0	306,102	0		4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	0	13,416	0		5.00
6.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	155,832	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	7,499,100	0		7.00
8.00	NEONATAL ICU	31.01	0	553,392	0		8.00
9.00	CORONARY CARE UNIT	32.00	0	546,408	0		9.00
10.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	550,476	0		10.00
11.00	SUBPROVIDER - IRF	41.00	0	345,780	0		11.00
12.00	OPERATING ROOM	50.00	0	2,008,488	0		12.00
13.00	RECOVERY ROOM	51.00	0	187,644	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,916,408	0		14.00
15.00	CT SCAN	57.00	0	158,868	0		15.00
16.00	MRI	58.00	0	176,568	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	158,028	0		17.00
18.00	LABORATORY	60.00	0	3,161,191	0		18.00
19.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	44,364	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	263,604	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	5,792,687	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	352,776	0		22.00
23.00	SPECIAL PROCEDURES	69.01	0	1,163,244	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	30,600	0		24.00
25.00	ASC (NON-DISTINCT PART)	75.00	0	973,819	0		25.00
26.00	ACUTE DIALYSIS	76.00	0	81,480	0		26.00
27.00	CARDIAC REHABILITATION	76.97	0	148,560	0		27.00
28.00	340B CLINICS	90.01	0	13,296,397	0		28.00
29.00	EMERGENCY	91.00	0	861,060	0		29.00
30.00	SLEEP LAB	91.01	0	418,608	0		30.00
31.00	BRONCH & GASTRO LAB	91.02	0	741,492	0		31.00
32.00	HOME HEALTH AGENCY	101.00	0	1,276,267	0		32.00
33.00	HOSPICE	116.00	0	876,374	0		33.00
34.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	172,872	0		34.00
35.00	CHEMOTHERAPY RX	192.01	0	49,056	0		35.00
36.00	PARISH NRSG	192.13	0	7,272	0		36.00
37.00	PALLIATIVE CARE	192.16	0	64,836	0		37.00
38.00	TELEMEDICINE	193.02	0	2,424	0		38.00
39.00	HOME INFUSION	193.05	0	2,869,133	0		39.00
40.00	GRANT RELATED	193.07	0	3,123,658	0		40.00
41.00	UNDERGRADUATE MEDICAL EDUCATION	194.00	0	386,352	0		41.00
	0		0	98,527,992			
	D - DRUGS CHARGED						
1.00	PHARMACY	15.00	0	18,096,394	0		1.00
	0		0	18,096,394			
	E - OBSTETRICS						
1.00	ADULTS & PEDIATRICS	30.00	1,246,705	945,649	0		1.00
	0		1,246,705	945,649			
	F - ACUTE RENAL						
1.00	ACUTE DIALYSIS	76.00	0	1,075,904	0		1.00
	0		0	1,075,904			
	G - L&D DEPT FROM ROUTINE						
1.00	ADULTS & PEDIATRICS	30.00	4,184,486	2,807,137	0		1.00
	0		4,184,486	2,807,137			
	H - RX RESIDENT						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	229,482	216,686	0		1.00
2.00	PHARMACY	15.00	192,669	39,221	0		2.00
3.00	CHEMOTHERAPY RX	192.01	9,786	2,203	0		3.00
4.00	HOME INFUSION	193.05	1,387	355	0		4.00

RECLASSIFICATIONS

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Period:
From 01/01/2019
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	0		433,324	258,465			
	I - BONUSES						
1.00	ADMITTING	5.04	0	5,750	0		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	21,090	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	1,250	0		3.00
4.00	PHARMACY	15.00	0	15,375	0		4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,500	0		5.00
6.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	1,785	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	597,675	0		7.00
8.00	NEONATAL ICU	31.01	0	64,250	0		8.00
9.00	CORONARY CARE UNIT	32.00	0	132,375	0		9.00
10.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	104,000	0		10.00
11.00	SUBPROVIDER - IRF	41.00	0	13,375	0		11.00
12.00	OPERATING ROOM	50.00	0	47,000	0		12.00
13.00	RECOVERY ROOM	51.00	0	7,000	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	36,375	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	37,000	0		15.00
16.00	CT SCAN	57.00	0	4,125	0		16.00
17.00	MRI	58.00	0	1,000	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	9,875	0		18.00
19.00	LABORATORY	60.00	0	36,250	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	13,701	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	88,250	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	14,250	0		22.00
23.00	SPECIAL PROCEDURES	69.01	0	15,125	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,250	0		24.00
25.00	ASC (NON-DISTINCT PART)	75.00	0	1,250	0		25.00
26.00	340B CLINICS	90.01	0	188,000	0		26.00
27.00	EMERGENCY	91.00	0	86,250	0		27.00
28.00	SLEEP LAB	91.01	0	1,750	0		28.00
29.00	BRONCH & GASTRO LAB	91.02	0	25,625	0		29.00
30.00	HOME HEALTH AGENCY	101.00	0	30,000	0		30.00
31.00	HOSPICE	116.00	0	15,750	0		31.00
32.00	SPECIALTY TRANSPORT PROGRAM	192.07	0	625	0		32.00
33.00	TELEMEDICINE	193.02	0	17,264	0		33.00
34.00	HOME INFUSION	193.05	0	1,875	0		34.00
35.00	GRANT RELATED	193.07	0	1,250	0		35.00
	0		0	1,640,265			
	J - SUPPLIES CHARGED						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	1,435,257	0		1.00
2.00	PHARMACY	15.00	0	3,610	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	30,426	0		3.00
4.00	NEONATAL ICU	31.01	0	1,554	0		4.00
5.00	CORONARY CARE UNIT	32.00	0	3,336	0		5.00
6.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	2,719	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	1,428	0		7.00
8.00	OPERATING ROOM	50.00	0	20,714,666	0		8.00
9.00	RECOVERY ROOM	51.00	0	899	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	37	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,582,598	0		11.00
12.00	CT SCAN	57.00	0	17,641	0		12.00
13.00	MRI	58.00	0	1,483	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	7,222,897	0		14.00
15.00	LABORATORY	60.00	0	12,898	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	293,836	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	183	0		17.00
18.00	SPECIAL PROCEDURES	69.01	0	11,175,417	0		18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,640	0		19.00
20.00	ASC (NON-DISTINCT PART)	75.00	0	237,427	0		20.00
21.00	340B CLINICS	90.01	0	853,895	0		21.00
22.00	EMERGENCY	91.00	0	46,275	0		22.00
23.00	SLEEP LAB	91.01	0	2	0		23.00
24.00	BRONCH & GASTRO LAB	91.02	0	219,473	0		24.00
25.00	HOME HEALTH AGENCY	101.00	0	125,805	0		25.00
	0		0	43,990,402			
	L - ANESTHESIA						
1.00	ANESTHESIOLOGY	53.00	81,295	1,366,118	0		1.00
	0		81,295	1,366,118			

RECLASSIFICATIONS

Provider CCN: 14-0091

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

Worksheet A-6

Date/Time Prepared:
8/12/2020 5:32 pm

	Decreases						07/12/2020 3:02 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	M - HO SALARIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,265,108	0		1.00
2.00	OPERATION OF PLANT	7.00	0	4,907,006	0		2.00
3.00	HOUSEKEEPING	9.00	0	5,322,927	0		3.00
4.00	DIETARY	10.00	0	3,537,156	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,912,027	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,467,274	0		6.00
	0		0	25,411,498			
500.00	Grand Total: Decreases		5,945,810	199,548,576			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
8/12/2020 5:32 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	652,707	0	0	0	0	2.00
3.00	Buildings and Fixtures	209,154	0	0	0	0	3.00
4.00	Building Improvements	927,498	135,835	0	135,835	0	4.00
5.00	Fixed Equipment	189,820,424	18,127,785	0	18,127,785	0	5.00
6.00	Movable Equipment	717,028	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	192,326,811	18,263,620	0	18,263,620	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	192,326,811	18,263,620	0	18,263,620	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0				1.00
2.00	Land Improvements	652,707	0				2.00
3.00	Buildings and Fixtures	209,154	0				3.00
4.00	Building Improvements	1,063,333	0				4.00
5.00	Fixed Equipment	207,948,209	0				5.00
6.00	Movable Equipment	717,028	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	210,590,431	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	210,590,431	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
8/12/2020 5:32 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	43,593	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	19,520,936	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	19,564,529	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Relat ed 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	43,593				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	19,520,936				2.00
3.00	Total (sum of lines 1-2)	0	19,564,529				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
8/12/2020 5:32 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	209,873,403	0	209,873,403	0.996595	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	717,028	0	717,028	0.003405	0	2.00
3.00	Total (sum of lines 1-2)	210,590,431	0	210,590,431	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Relat ed Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	-489,347	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	19,520,936	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,031,589	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Relat ed 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	0	0	0	-489,347	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	19,520,936	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	19,031,589	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0091

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

Worksheet A-8

Date/Time Prepared:
8/12/2020 5:32 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 #		
				3.00	4.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0	0.00	0	7.00
8.00	Television and radio service (chapter 21)			0	0.00	0	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-3,197,204			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	33,567,621			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests			0	0.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0	0.00	0	16.00
17.00	Sale of drugs to other than patients			0	0.00	0	17.00
18.00	Sale of medical records and abstracts			0	0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines			0	0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)	B	-236,400	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0091

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

Worksheet A-8

Date/Time Prepared:
8/12/2020 5:32 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			
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	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
34.00	AHA AND IHA LOBBYING EXPENSE	A	-5,106	OTHER ADMINISTRATIVE & GENERAL	5.06	0	34.00
35.00	CAOS TUITION	B	-176,862	PHYSICAL THERAPY	66.00	0	35.00
35.01	EDUCATION REVENUE		0		0.00	0	35.01
35.06	EDUCATION REVENUE		0		0.00	0	35.06
35.07	EDUCATION REVENUE	B	-5,100	EMERGENCY	91.00	0	35.07
36.00	OTHER REVENUE- GRANT REVENUE	B	-212,170	SHARED ADMINISTRATIVE & GENERAL	5.05	0	36.00
36.01	OTHER REVENUE - GRANT REVENUE	B	-7,500	340B CLINICS	90.01	0	36.01
36.02	OTHER REVENUE - GRANT REVENUE	B	0	EMERGENCY	91.00	0	36.02
37.00	MISC	B	-12,219	SHARED ADMINISTRATIVE & GENERAL	5.05	0	37.00
38.00	MISC REVENUE & CCA REVENUE, SER	B	-49,501	OTHER ADMINISTRATIVE & GENERAL	5.06	0	38.00
38.02	MISC	B	-1,302	ADULTS & PEDIATRICS	30.00	0	38.02
38.06	MISC	B	-7,034	PHYSICAL THERAPY	66.00	0	38.06
39.00	OUTSIDE CONTRACT	B	-16,467	PHYSICAL THERAPY	66.00	0	39.00
39.02	RENT REVENUE	B	-69,228	OTHER ADMINISTRATIVE & GENERAL	5.06	0	39.02
39.03	RENT REVENUE	B	-35,744	340B CLINICS	90.01	0	39.03
40.00	U OF I SUBSIDY	B	0	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	40.00
41.00	U OF I SUBSIDY	B	0	OTHER ADMINISTRATIVE & GENERAL	5.06	0	41.00
44.00	PROVIDER TAX	A	-26,806,926	OTHER ADMINISTRATIVE & GENERAL	5.06	0	44.00
45.00	REF LAB	B	-27,561	CARDIAC REHABILITATION	76.97	0	45.00
45.01	MISC & CCA REVENUE	B	-3,824	LABORATORY	60.00	0	45.01
45.02	UNALLOWABLE EXPENSE	A	-40	EMERGENCY	91.00	0	45.02
45.07	MISC REVENUE	B	-12,747	RESPIRATORY THERAPY	65.00	0	45.07
45.09	DONATIONS	A	-13	HOSPICE	116.00	0	45.09
45.11	MISC REVENUE	B	-89	340B CLINICS	90.01	0	45.11
45.12	UNALLOWABLE EXPENSE	A	-91	340B CLINICS	90.01	0	45.12
45.13	UNALLOWABLE EXPENSE	A	-6	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	45.13
45.16	UNALLOWABLE EXPENSE	A	-350	ADULTS & PEDIATRICS	30.00	0	45.16
45.17	UNALLOWABLE EXPENSE	A	-116	ADMITTING	5.04	0	45.17
45.22	UNALLOWABLE EXPENSE	A	-66	SPECIAL PROCEDURES	69.01	0	45.22
45.38	DONATIONS	A	-146,669	SHARED ADMINISTRATIVE & GENERAL	5.05	0	45.38
45.39	DONATIONS	A	-9,844	PHYSICAL THERAPY	66.00	0	45.39
46.00	MISC REVENUE	B	-396	BRONCH & GASTRO LAB	91.02	0	46.00
46.01	MICS REVENUE	B	0	ADMITTING	5.04	0	46.01
46.02	MICS REVENUE	B	-47,903	OTHER ADMINISTRATIVE & GENERAL	5.06	0	46.02
47.00	MISC REVENUE	B	-36,099	PHYSICAL THERAPY	66.00	0	47.00
47.01	MISC REVENUE	B	0	PHARMACY	15.00	0	47.01
47.02	CONF TRAINING REVENUE	B	-980	ADULTS & PEDIATRICS	30.00	0	47.02
47.03	CONF TRAINING REVENUE	B	0	SUBPROVIDER - IRF	41.00	0	47.03
47.04	RELATED PARTY	A	907,297	RELATED PARTY PHARMACY	193.12	0	47.04
47.05	RELATED PARTY	A	128,928	RELATED PARTY PHARMACISTS	193.13	0	47.05
47.06	RELATED PARTY	A	21,252	RELATED PARTY DIETITIANS	193.15	0	47.06
47.07	RELATED PARTY	A	354,530	RELATED PARTY THERAPY	193.11	0	47.07
47.08	RELATED PARTY	A	0	RELATED PARTY RADIOLOGY	193.17	0	47.08
47.09	RELATED PARTY	A	0	RELATED PARTY RHC	193.18	0	47.09
49.00	WORKERS COMP	A	-561,407	SHARED ADMINISTRATIVE & GENERAL	5.05	0	49.00
49.01	WORKERS COMP	A	-85,927	OTHER ADMINISTRATIVE & GENERAL	5.06	0	49.01
49.02	WORKERS COMP	A	-4,554	LABORATORY	60.00	0	49.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0091

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

Worksheet A-8

Date/Time Prepared:
8/12/2020 5:32 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 #		
				3.00	4.00		
49.03	WORKERS COMP	A	-33,926	PHYSICAL THERAPY	66.00	0	49.03
49.04	WORKERS COMP	A	-3,724	ASC (NON-DISTINCT PART)	75.00	0	49.04
49.05	WORKERS COMP	A	-48,741	HOME HEALTH AGENCY	101.00	0	49.05
49.06	WORKERS COMP	A	-21,999	HOSPICE	116.00	0	49.06
49.07	PROF LIABILITY	A	-1,205	HOME HEALTH AGENCY	101.00	0	49.07
49.10	PROF LIABILITY	A	-964,702	SHARED ADMINISTRATIVE & GENERAL	5.05	0	49.10
49.11	PROF LIABILITY	A	-235,233	OTHER ADMINISTRATIVE & GENERAL	5.06	0	49.11
49.12	PROF LIABILITY	A	-7,849	LABORATORY	60.00	0	49.12
49.13	PROF LIABILITY	A	-4,867	PHYSICAL THERAPY	66.00	0	49.13
49.14	PROF LIABILITY	A	-7,630	ASC (NON-DISTINCT PART)	75.00	0	49.14
49.15	PROF LIABILITY	A	-2,375	HOSPICE	116.00	0	49.15
49.20	GL ADD ON	A	0	CAP REL COSTS-BLDG & FIXT	1.00	9	49.20
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		1,869,932				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: 14-0091

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

Worksheet A-8-1

Date/Time Prepared:
8/12/2020 5:32 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	0.00			0	0	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO ALLOCATION	4,316,916	0	2.00
3.00	5.05	SHARED ADMINISTRATIVE & GENE	HO ALLOCATION	184,074,404	197,260,596	3.00
3.01	7.00	OPERATION OF PLANT	HO ALLOCATION	20,644,028	0	3.01
3.02	9.00	HOUSEKEEPING	HO ALLOCATION	8,844,467	0	3.02
3.03	10.00	DIETARY	HO ALLOCATION	6,158,549	0	3.03
3.04	14.00	CENTRAL SERVICES & SUPPLY	HO ALLOCATION	1,902,133	0	3.04
3.05	16.00	MEDICAL RECORDS & LIBRARY	HO ALLOCATION	4,887,620	0	3.05
4.00	13.00	NURSING ADMINISTRATION	HO ALLOCATION	100	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			230,828,217	197,260,596	5.00

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

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

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

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

6.00	B		0.00	CARLE FOUNDATIO	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: 14-0091

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

Worksheet A-8-1

Date/Time Prepared:
8/12/2020 5:32 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	0	0		1.00
2.00	4,316,916	0		2.00
3.00	-13,186,192	0		3.00
3.01	20,644,028	0		3.01
3.02	8,844,467	0		3.02
3.03	6,158,549	0		3.03
3.04	1,902,133	0		3.04
3.05	4,887,620	0		3.05
4.00	100	0		4.00
5.00	33,567,621			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	HOME 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: 14-0091

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

Worksheet A-8-2

Date/Time Prepared:
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	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	5.05	AGGREGATE-SHARED ADMINISTRATIVE & GE	1,399,243	0	1,399,243	211,500	7,940	1.00
2.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE & GEN	864,474	864,474	0	211,500	0	2.00
3.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	259,448	0	259,448	211,500	1,836	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	458,861	38,123	420,738	211,500	4,306	4.00
5.00	32.00	AGGREGATE-CORONARY CARE UNIT	13,265	13,265	0	211,500	0	5.00
6.00	34.00	AGGREGATE-SURGICAL INTENSIVE CARE UN	62,753	53	62,700	246,400	392	6.00
7.00	41.00	AGGREGATE-SUBPROVIDER - IRF	7,280	0	7,280	211,500	46	7.00
8.00	43.00	AGGREGATE-NURSERY	306,547	9,220	297,327	211,500	3,043	8.00
9.00	50.00	AGGREGATE-OPERATING ROOM	122,253	116,013	6,240	246,400	52	9.00
10.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	200,200	0	200,200	237,100	1,040	10.00
11.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	50,364	39	50,325	271,900	224	11.00
12.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	24,975	0	24,975	211,500	111	12.00
13.00	60.00	AGGREGATE-LABORATORY	20,240	0	20,240	211,500	127	13.00
14.00	66.00	AGGREGATE-PHYSICAL THERAPY	68,272	42,207	26,065	211,500	153	14.00
15.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	164	164	0	0	0	15.00
16.00	76.97	AGGREGATE-CARDIAC REHABILITATION	1,840	1,840	0	0	0	16.00
17.00	90.01	AGGREGATE-340B CLINICS	58,314	58,314	0	0	0	17.00
18.00	91.00	AGGREGATE-EMERGENCY	3,682,394	1,207,087	2,475,307	211,500	25,825	18.00
19.00	91.01	AGGREGATE-SLEEP LAB	34,492	20,892	13,600	211,500	85	19.00
20.00	91.02	AGGREGATE-BRONCH & GASTRO LAB	2,754	2,754	0	0	0	20.00
200.00			7,638,133	2,374,445	5,263,688		45,180	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	5.05	AGGREGATE-SHARED ADMINISTRATIVE & GE	807,361	40,368	0	0	0	1.00
2.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE & GEN	0	0	0	0	0	2.00
3.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	186,689	9,334	0	0	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	437,846	21,892	0	0	0	4.00
5.00	32.00	AGGREGATE-CORONARY CARE UNIT	0	0	0	0	0	5.00
6.00	34.00	AGGREGATE-SURGICAL INTENSIVE CARE UN	46,437	2,322	0	0	0	6.00
7.00	41.00	AGGREGATE-SUBPROVIDER - IRF	4,677	234	0	0	0	7.00
8.00	43.00	AGGREGATE-NURSERY	309,420	15,471	0	0	0	8.00
9.00	50.00	AGGREGATE-OPERATING ROOM	6,160	308	0	0	0	9.00
10.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	118,550	5,928	0	0	0	10.00
11.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	29,281	1,464	0	0	0	11.00
12.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	11,287	564	0	0	0	12.00
13.00	60.00	AGGREGATE-LABORATORY	12,914	646	0	0	0	13.00
14.00	66.00	AGGREGATE-PHYSICAL THERAPY	15,558	778	0	0	0	14.00
15.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	15.00
16.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	0	0	0	0	16.00
17.00	90.01	AGGREGATE-340B CLINICS	0	0	0	0	0	17.00
18.00	91.00	AGGREGATE-EMERGENCY	2,625,955	131,298	0	0	0	18.00
19.00	91.01	AGGREGATE-SLEEP LAB	8,643	432	0	0	0	19.00
20.00	91.02	AGGREGATE-BRONCH & GASTRO LAB	0	0	0	0	0	20.00
200.00			4,620,778	231,039	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	5.05	AGGREGATE-SHARED ADMINISTRATIVE & GE	0	807,361	591,882	591,882		1.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0091

Period:
From 01/01/2019
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	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		
2.00	5.00	AGGREGATE-OTHER ADMINISTRATIVE & GEN	0	0	0	864,474		2.00
3.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	0	186,689	72,759	72,759		3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	437,846	0	38,123		4.00
5.00	32.00	AGGREGATE-CORONARY CARE UNIT	0	0	0	13,265		5.00
6.00	34.00	AGGREGATE-SURGICAL INTENSIVE CARE UN	0	46,437	16,263	16,316		6.00
7.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	4,677	2,603	2,603		7.00
8.00	43.00	AGGREGATE-NURSERY	0	309,420	0	9,220		8.00
9.00	50.00	AGGREGATE-OPERATING ROOM	0	6,160	80	116,093		9.00
10.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	118,550	81,650	81,650		10.00
11.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	29,281	21,044	21,083		11.00
12.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	11,287	13,688	13,688		12.00
13.00	60.00	AGGREGATE-LABORATORY	0	12,914	7,326	7,326		13.00
14.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	15,558	10,507	52,714		14.00
15.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	164		15.00
16.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	0	0	1,840		16.00
17.00	90.01	AGGREGATE-340B CLINICS	0	0	0	58,314		17.00
18.00	91.00	AGGREGATE-EMERGENCY	0	2,625,955	0	1,207,087		18.00
19.00	91.01	AGGREGATE-SLEEP LAB	0	8,643	4,957	25,849		19.00
20.00	91.02	AGGREGATE-BRONCH & GASTRO LAB	0	0	0	2,754		20.00
200.00			0	4,620,778	822,759	3,197,204		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT TELEPHONE	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	-489,347	-489,347			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	19,520,936		19,520,936		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,316,916	0	0	4,316,916	4.00
5.01	00540	NON-PATIENT TELEPHONE	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	FOUNDATION OVERHEAD	0	0	0	0	5.03
5.04	00570	ADMITTING	6,865,819	0	195,913	86,559	5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	226,417,656	0	178,032	7,331	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	10,540,342	0	228,647	109,907	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	20,644,028	0	0	85,696	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	8,844,467	0	0	92,960	9.00
10.00	01000	DIETARY	6,158,549	0	0	61,773	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,275,406	0	402,977	39,621	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,902,133	0	0	50,856	14.00
15.00	01500	PHARMACY	6,689,407	0	478,686	110,279	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,852,385	0	5,722	105,918	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,995,048	0	7,802	78,526	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,895,812	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	691,789	0	0	7,568	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	67,046,180	0	937,510	747,764	30.00
31.01	03101	NEONATAL ICU	10,080,593	0	323,171	120,199	31.01
32.00	03200	CORONARY CARE UNIT	7,739,858	0	193,847	82,700	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	8,698,790	0	258,411	79,229	34.00
41.00	04100	SUBPROVIDER - IRF	3,659,503	0	160,583	48,045	41.00
43.00	04300	NURSERY	2,183,134	0	30,496	21,772	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	32,924,151	0	3,035,991	167,864	50.00
51.00	05100	RECOVERY ROOM	2,067,274	0	15,712	27,189	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,909,973	0	137,416	73,713	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,105,863	0	4,273,428	232,795	54.00
57.00	05700	CT SCAN	4,857,542	0	187,403	35,678	57.00
58.00	05800	MRI	4,209,912	0	496,736	31,884	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,179,961	0	983,944	22,426	59.00
60.00	06000	LABORATORY	23,046,005	0	691,502	138,715	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,771,477	0	19,291	7,457	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	6,670,371	0	282,354	62,908	65.00
66.00	06600	PHYSICAL THERAPY	21,923,690	0	179,237	290,874	66.00
69.00	06900	ELECTROCARDIOLOGY	5,072,214	0	261,603	48,214	69.00
69.01	03650	SPECIAL PROCEDURES	8,428,416	0	659,694	79,428	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	570,931	0	163,628	4,914	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,329,185	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,661,217	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,096,394	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,875,621	0	126,693	17,570	75.00
75.01	07501	WOUND CARE	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	371,641	0	26,373	5,047	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	427,458	0	0	5,749	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	340B CLINICS	71,614,798	0	1,396,238	661,568	90.01
90.02	09002	HOME INFUSION	0	0	0	0	90.02
91.00	09100	EMERGENCY	15,274,115	0	1,229,071	105,366	91.00
91.01	09101	SLEEP LAB	1,172,202	0	46,798	12,494	91.01
91.02	09102	BRONCH & GASTRO LAB	6,579,901	0	1,453,986	51,501	91.02
91.03	09103	SURGICENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	92.01

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	NON-PATIENT TELEPHONE	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	7,658,052	0	128,015	99,817	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	6,267,551	0	48,584	40,301	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	751,595,319	0	19,245,494	4,160,175	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,999	0	0	0	0	190.00
191.00	19100 RESEARCH	1,761,689	0	0	22,725	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 CHEMOTHERAPY RX	34,462,424	0	4,575	12,015	0	192.01
192.02	19202 RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203 ARBOURS RX	0	0	0	0	0	192.03
192.04	19204 FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205 MARKETING	0	0	0	0	0	192.05
192.06	19206 CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207 SPECIALTY TRANSPORT PROGRAM	595,834	0	2,795	7,866	0	192.07
192.08	19208 CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209 CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210 OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211 CASC PHARMACY	11,544	0	0	3,154	0	192.11
192.12	19212 SOUTH PARKING GARAGE	31,650	0	0	0	0	192.12
192.13	19213 PARISH NRSG	50,958	0	0	496	0	192.13
192.14	19214 COMM HLTH & WLNS	3,979,953	0	29,006	1,886	0	192.14
192.15	19215 MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216 PALLIATIVE CARE	326,247	0	1,256	4,388	0	192.16
192.17	19217 SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218 HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219 STRATUM	0	0	0	0	0	192.19
193.01	19301 CONTRACT MANAGEMENT	197,245	0	0	0	0	193.01
193.02	19302 TELEMEDICINE	1,792,825	0	68,906	22,976	0	193.02
193.04	19304 NORTH GARAGE	501,290	0	0	0	0	193.04
193.05	19305 HOME INFUSION	16,347,965	0	3,094	20,215	0	193.05
193.06	19306 MISSION RELATED	0	0	0	0	0	193.06
193.07	19307 GRANT RELATED	4,607,599	0	155,672	42,981	0	193.07
193.08	19308 EMERGENCY MEDICAL SERVICES	789,906	0	10,138	6,442	0	193.08
193.10	19303 OTHER NONREIMBURSABLE ADMIN	1,184,346	0	0	0	0	193.10
193.11	19309 RELATED PARTY THERAPY	354,530	0	0	6,192	0	193.11
193.12	19310 RELATED PARTY PHARMACY	907,297	0	0	0	0	193.12
193.13	19311 RELATED PARTY PHARMACISTS	128,928	0	0	2,252	0	193.13
193.14	19312 RETAIL PHARM	31,319,637	0	0	2,780	0	193.14
193.15	19313 RELATED PARTY DIETITIANS	21,252	0	0	371	0	193.15
193.16	19314 RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315 RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316 RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950 UNDERGRADUATE MEDICAL EDUCATION	326	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		-489,347	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	850,977,763	-489,347	19,520,936	4,316,916	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

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Cost Center Description			DATA PROCESSING	FOUNDATION OVERHEAD	ADMITTING	SHARED ADMINISTRATIVE & GENERAL	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING	0					5.02
5.03	00560	FOUNDATION OVERHEAD	0	0				5.03
5.04	00570	ADMITTING	0	0	7,148,291			5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	0	0	0	226,603,019		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	0	226,603,019	237,481,915	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	20,729,724	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	8,937,427	9.00
10.00	01000	DIETARY	0	0	0	0	6,220,322	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	3,718,004	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,952,989	14.00
15.00	01500	PHARMACY	0	0	0	0	7,278,372	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	5,964,025	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	6,081,376	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	4,895,812	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0	0	699,357	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	815,972	0	69,547,426	30.00
31.01	03101	NEONATAL ICU	0	0	24,697	0	10,548,660	31.01
32.00	03200	CORONARY CARE UNIT	0	0	73,892	0	8,090,297	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	87,005	0	9,123,435	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	36,935	0	3,905,066	41.00
43.00	04300	NURSERY	0	0	62,590	0	2,297,992	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	341,752	0	36,469,758	50.00
51.00	05100	RECOVERY ROOM	0	0	45,501	0	2,155,676	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52,783	0	7,173,885	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	549,661	0	30,161,747	54.00
57.00	05700	CT SCAN	0	0	475,346	0	5,555,969	57.00
58.00	05800	MRI	0	0	193,341	0	4,931,873	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	122,429	0	3,308,760	59.00
60.00	06000	LABORATORY	0	0	861,466	0	24,737,688	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	43,788	0	2,842,013	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	225,960	0	7,241,593	65.00
66.00	06600	PHYSICAL THERAPY	0	0	192,388	0	22,586,189	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	191,752	0	5,573,783	69.00
69.01	03650	SPECIAL PROCEDURES	0	0	115,676	0	9,283,214	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	10,046	0	749,519	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	284,623	0	22,613,808	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	284,246	0	21,945,463	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	358,901	0	18,455,295	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	20,604	0	2,040,488	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	4,364	0	407,425	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	1,022	0	434,229	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	0	0	773,938	0	74,446,542	90.01
90.02	09002	HOME INFUSION	0	0	269,047	0	269,047	90.02
91.00	09100	EMERGENCY	0	0	441,600	0	17,050,152	91.00
91.01	09101	SLEEP LAB	0	0	24,487	0	1,255,981	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	133,740	0	8,219,128	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DATA PROCESSING	FOUNDATION OVERHEAD	ADMITTING	SHARED ADMINISTRATIV E & GENERAL	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	4,516	0	7,890,400	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	24,223	0	6,380,659	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	7,148,291	226,603,019	751,652,483	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	8,999	190.00
191.00	19100	RESEARCH	0	0	0	0	1,784,414	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	34,479,014	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	0	606,495	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	14,700	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	31,650	192.12
192.13	19213	PARISH NRSG	0	0	0	0	51,454	192.13
192.14	19214	COMM HLTH & WLNS	0	0	0	0	4,010,845	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	0	0	0	331,891	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	197,245	193.01
193.02	19302	TELEMEDICINE	0	0	0	0	1,884,707	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	501,290	193.04
193.05	19305	HOME INFUSION	0	0	0	0	16,371,274	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	0	0	0	4,806,252	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	0	0	806,486	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	1,184,346	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	360,722	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	907,297	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	131,180	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	31,322,417	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	21,623	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	326	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	-489,347	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	7,148,291	226,603,019	850,977,763	202.00

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			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	237,481,915					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	8,018,008	0	28,747,732			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0		8.00
9.00	00900	HOUSEKEEPING	3,456,890	0	150,724	0	12,545,041	9.00
10.00	01000	DIETARY	2,405,946	0	486,549	0	213,441	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,438,079	0	120,345	0	52,794	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	755,393	0	0	0	0	14.00
15.00	01500	PHARMACY	2,815,187	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,306,813	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,352,203	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,893,641	0	90,157	0	39,550	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	270,503	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,900,110	0	5,061,710	0	2,220,489	30.00
31.01	03101	NEONATAL ICU	4,080,095	0	407,433	0	178,734	31.01
32.00	03200	CORONARY CARE UNIT	3,129,230	0	405,040	0	177,684	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,528,835	0	407,787	0	178,890	34.00
41.00	04100	SUBPROVIDER - IRF	1,510,433	0	272,620	0	119,594	41.00
43.00	04300	NURSERY	888,836	0	129,837	0	56,957	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,106,065	0	1,474,685	0	646,920	50.00
51.00	05100	RECOVERY ROOM	833,790	0	113,709	0	49,882	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,774,773	0	592,697	0	260,007	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,666,202	0	2,122,837	0	931,254	54.00
57.00	05700	CT SCAN	2,148,982	0	110,500	0	48,475	57.00
58.00	05800	MRI	1,907,589	0	141,232	0	61,956	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,279,789	0	99,594	0	43,690	59.00
60.00	06000	LABORATORY	9,568,241	0	805,838	0	353,508	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,099,257	0	30,759	0	13,494	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,800,961	0	221,544	0	97,188	65.00
66.00	06600	PHYSICAL THERAPY	8,736,067	0	2,241,741	0	983,415	66.00
69.00	06900	ELECTROCARDIOLOGY	2,155,872	0	174,575	0	76,583	69.00
69.01	03650	SPECIAL PROCEDURES	3,590,636	0	689,191	0	302,337	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	289,905	0	20,153	0	8,841	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,746,750	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,488,242	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,138,287	0	243,655	0	106,887	73.00
75.00	07500	ASC (NON-DISTINCT PART)	789,236	0	317,576	0	139,315	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	157,587	0	142,266	0	62,410	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	167,955	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	28,794,835	0	9,497,843	0	4,166,548	90.01
90.02	09002	HOME INFUSION	104,064	0	67,801	0	29,743	90.02
91.00	09100	EMERGENCY	6,594,794	0	696,996	0	305,761	91.00
91.01	09101	SLEEP LAB	485,798	0	159,971	0	70,177	91.01
91.02	09102	BRONCH & GASTRO LAB	3,179,060	0	447,793	0	196,440	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

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Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	3,051,912	0	73,077	0	32,058	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	2,467,962	0	59,044	0	25,902	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	198,874,813	0	28,077,279	0	12,250,924	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,481	0	142,919	0	62,696	190.00
191.00	19100	RESEARCH	690,190	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	13,336,069	0	36,688	0	16,095	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	234,585	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	5,686	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	12,242	0	0	0	0	192.12
192.13	19213	PARISH NRSG	19,902	0	3,155	0	1,384	192.13
192.14	19214	COMM HLTH & WLNS	1,551,347	0	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	128,371	0	43,814	0	19,220	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	76,292	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	728,982	0	1,659	0	728	193.02
193.04	19304	NORTH GARAGE	193,893	0	0	0	0	193.04
193.05	19305	HOME INFUSION	6,332,212	0	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	1,859,001	0	224,536	0	98,500	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	311,939	0	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	458,091	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	139,523	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	350,932	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	50,739	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	12,115,135	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	8,364	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	126	0	217,682	0	95,494	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	237,481,915	0	28,747,732	0	12,545,041	202.00

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & 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	9,326,258					10.00
11.00	01100	CAFETERIA	5,669,392	5,669,392				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	49,555	0	5,378,777		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	2,708,382	14.00
15.00	01500	PHARMACY	0	133,434	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	14,274	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	143,790	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	8,002	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,115,922	1,180,582	0	3,779,046	0	30.00
31.01	03101	NEONATAL ICU	0	158,506	0	507,387	0	31.01
32.00	03200	CORONARY CARE UNIT	169,178	122,177	0	391,088	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	193,920	107,682	0	344,688	0	34.00
41.00	04100	SUBPROVIDER - IRF	177,846	66,772	0	0	0	41.00
43.00	04300	NURSERY	0	30,829	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	276,507	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	35,777	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	100,122	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	354,795	0	0	0	54.00
57.00	05700	CT SCAN	0	48,488	0	0	0	57.00
58.00	05800	MRI	0	43,430	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	29,211	0	0	0	59.00
60.00	06000	LABORATORY	0	271,743	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	10,816	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	86,473	0	276,773	0	65.00
66.00	06600	PHYSICAL THERAPY	0	392,779	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	73,174	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	106,725	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,671	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,374,744	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,333,638	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	22,644	0	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	12,324	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	6,990	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	0	1,318,377	0	0	0	90.01
90.02	09002	HOME INFUSION	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	140,387	0	0	0	91.00
91.01	09101	SLEEP LAB	0	23,858	0	76,384	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	81,230	0	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,326,258	5,459,124	0	5,375,366	2,708,382	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,069	0	0	0	190.00
191.00	19100	RESEARCH	0	35,998	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	11,901	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	10,264	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	3,955	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	0	1,067	0	3,411	0	192.13
192.14	19214	COMM HLTH & WLNS	0	2,704	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	7,376	0	0	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	0	28,806	0	0	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	22,772	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	65,816	0	0	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	10,540	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	9,326,258	5,669,392	0	5,378,777	2,708,382	202.00

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES APPRV	
		15.00	16.00	17.00	19.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NON-PATIENT TELEPHONE					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	FOUNDATION OVERHEAD					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL					5.05
5.06	00590	OTHER ADMINISTRATIVE & 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
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	10,226,993				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,285,112			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	8,577,369	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	945,563	0	7,750,635	30.00
31.01	03101	NEONATAL ICU	0	28,620	0	516,709	31.01
32.00	03200	CORONARY CARE UNIT	0	85,627	0		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	100,823	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	42,801	0	0	41.00
43.00	04300	NURSERY	0	72,530	0	258,354	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	396,028	0	0	50.00
51.00	05100	RECOVERY ROOM	0	52,727	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	61,166	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	83,189	636,957	0	0	54.00
57.00	05700	CT SCAN	78	550,839	0	0	57.00
58.00	05800	MRI	13	224,047	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	141,873	0	0	59.00
60.00	06000	LABORATORY	1	999,825	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	50,743	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4	261,846	0	0	65.00
66.00	06600	PHYSICAL THERAPY	7,237	222,942	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	94,808	222,206	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	69,584	134,047	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,642	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	329,827	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	329,389	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,198,023	415,901	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	13,833	23,877	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	5,058	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,184	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	340B CLINICS	2,875,182	896,853	0	0	90.01
90.02	09002	HOME INFUSION	0	311,777	0	51,671	90.02
91.00	09100	EMERGENCY	0	511,734	0	0	91.00
91.01	09101	SLEEP LAB	0	28,376	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	154,981	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES APPRV	
			15.00	16.00	17.00	19.00	21.00	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	29	5,233	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	60,837	28,070	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,402,818	8,285,112	0	0	8,577,369	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	1,144,580	0	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	147	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	0	0	0	0	0	192.13
192.14	19214	COMM HLTH & WLNS	0	0	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	0	0	0	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	0	0	0	0	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	2,497,925	0	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	0	0	0	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	21,184	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	160,339	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	0	194.00
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)	10,226,993	8,285,112	0	0	8,577,369	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-RX RESIDENT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHE R PRGM COSTS APPRV					
			22.00					
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & 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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,919,160					22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT		977,862				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,252,253	0	126,753,736	-14,002,888	112,750,848	30.00
31.01	03101	NEONATAL ICU	416,817	0	16,842,961	-933,526	15,909,435	31.01
32.00	03200	CORONARY CARE UNIT	0	246,250	12,816,571	0	12,816,571	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	13,986,060	0	13,986,060	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	6,095,132	0	6,095,132	41.00
43.00	04300	NURSERY	208,408	0	3,943,743	-466,762	3,476,981	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	339,040	53,709,003	0	53,709,003	50.00
51.00	05100	RECOVERY ROOM	0	0	3,241,561	0	3,241,561	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	10,962,650	0	10,962,650	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	45,956,981	0	45,956,981	54.00
57.00	05700	CT SCAN	0	0	8,463,331	0	8,463,331	57.00
58.00	05800	MRI	0	0	7,310,140	0	7,310,140	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	4,902,917	0	4,902,917	59.00
60.00	06000	LABORATORY	0	0	36,736,844	0	36,736,844	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	4,047,082	0	4,047,082	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	10,986,382	0	10,986,382	65.00
66.00	06600	PHYSICAL THERAPY	0	0	35,170,370	0	35,170,370	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	8,371,001	0	8,371,001	69.00
69.01	03650	SPECIAL PROCEDURES	0	0	14,175,734	0	14,175,734	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,087,731	0	1,087,731	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	33,065,129	0	33,065,129	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	32,096,732	0	32,096,732	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	29,558,048	0	29,558,048	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	3,346,969	0	3,346,969	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	787,070	0	787,070	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	610,358	0	610,358	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	0	0	121,996,180	0	121,996,180	90.01
90.02	09002	HOME INFUSION	41,682	7,138	882,923	-93,353	789,570	90.02
91.00	09100	EMERGENCY	0	385,434	25,685,258	0	25,685,258	91.00
91.01	09101	SLEEP LAB	0	0	2,100,545	0	2,100,545	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	12,278,632	0	12,278,632	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/12/2020 5:32 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-RX RESIDENT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			SERVICES-OTHE R PRGM COSTS APPRV						
			22.00						23.00
	OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40	
101.00	10100	HOME HEALTH AGENCY	0	0	11,052,709	0	11,052,709	101.00	
	SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE		0	9,022,474	0	9,022,474	116.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,919,160	977,862	708,042,957	-15,496,529	692,546,428	118.00	
	NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	227,164	0	227,164	190.00	
191.00	19100	RESEARCH	0	0	2,510,602	0	2,510,602	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01	19201	CHEMOTHERAPY RX	0	0	49,024,347	0	49,024,347	192.01	
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02	
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03	
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04	
192.05	19205	MARKETING	0	0	0	0	0	192.05	
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06	
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	851,491	0	851,491	192.07	
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08	
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09	
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10	
192.11	19211	CASC PHARMACY	0	0	24,341	0	24,341	192.11	
192.12	19212	SOUTH PARKING GARAGE	0	0	43,892	0	43,892	192.12	
192.13	19213	PARISH NRSG	0	0	80,373	0	80,373	192.13	
192.14	19214	COMM HLTH & WLNS	0	0	5,564,896	0	5,564,896	192.14	
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15	
192.16	19216	PALLIATIVE CARE	0	0	530,672	0	530,672	192.16	
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17	
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18	
192.19	19219	STRATUM	0	0	0	0	0	192.19	
193.01	19301	CONTRACT MANAGEMENT	0	0	273,537	0	273,537	193.01	
193.02	19302	TELEMEDICINE	0	0	2,644,882	0	2,644,882	193.02	
193.04	19304	NORTH GARAGE	0	0	695,183	0	695,183	193.04	
193.05	19305	HOME INFUSION	0	0	25,224,183	0	25,224,183	193.05	
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06	
193.07	19307	GRANT RELATED	0	0	7,054,105	0	7,054,105	193.07	
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	1,128,965	0	1,128,965	193.08	
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	1,663,621	0	1,663,621	193.10	
193.11	19309	RELATED PARTY THERAPY	0	0	500,245	0	500,245	193.11	
193.12	19310	RELATED PARTY PHARMACY	0	0	1,418,568	0	1,418,568	193.12	
193.13	19311	RELATED PARTY PHARMACISTS	0	0	181,919	0	181,919	193.13	
193.14	19312	RETAIL PHARM	0	0	43,437,552	0	43,437,552	193.14	
193.15	19313	RELATED PARTY DIETITIANS	0	0	29,987	0	29,987	193.15	
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16	
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17	
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18	
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	313,628	0	313,628	194.00	
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00	
201.00		Negative Cost Centers	0	0	-489,347	0	-489,347	201.00	
202.00		TOTAL (sum lines 118 through 201)	6,919,160	977,862	850,977,763	-15,496,529	835,481,234	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/12/2020 5:32 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00540	NON-PATIENT TELEPHONE	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	FOUNDATION OVERHEAD	0	0	0	0	5.03
5.04	00570	ADMITTING	725	0	195,913	196,638	5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	358	0	178,032	178,390	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	33,930,674	0	228,647	34,159,321	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-3,184	0	402,977	399,793	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	9,113	0	478,686	487,799	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	5,722	5,722	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21,953	0	7,802	29,755	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	603,100	0	937,510	1,540,610	30.00
31.01	03101	NEONATAL ICU	13,486	0	323,171	336,657	31.01
32.00	03200	CORONARY CARE UNIT	59,626	0	193,847	253,473	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	117,564	0	258,411	375,975	34.00
41.00	04100	SUBPROVIDER - IRF	53,247	0	160,583	213,830	41.00
43.00	04300	NURSERY	1,318	0	30,496	31,814	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,793	0	3,035,991	3,041,784	50.00
51.00	05100	RECOVERY ROOM	1,162	0	15,712	16,874	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	824	0	137,416	138,240	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,243	0	4,273,428	4,297,671	54.00
57.00	05700	CT SCAN	0	0	187,403	187,403	57.00
58.00	05800	MRI	0	0	496,736	496,736	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,148	0	983,944	999,092	59.00
60.00	06000	LABORATORY	0	0	691,502	691,502	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	19,291	19,291	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	274,150	0	282,354	556,504	65.00
66.00	06600	PHYSICAL THERAPY	77,489	0	179,237	256,726	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	261,603	261,603	69.00
69.01	03650	SPECIAL PROCEDURES	19,439	0	659,694	679,133	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	3,117	0	163,628	166,745	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
75.00	07500	ASC (NON-DISTINCT PART)	549	0	126,693	127,242	75.00
75.01	07501	WOUND CARE	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	22	0	26,373	26,395	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	340B CLINICS	178,995	0	1,396,238	1,575,233	90.01
90.02	09002	HOME INFUSION	0	0	0	0	90.02
91.00	09100	EMERGENCY	6,430	0	1,229,071	1,235,501	91.00
91.01	09101	SLEEP LAB	6,334	0	46,798	53,132	91.01
91.02	09102	BRONCH & GASTRO LAB	6,783	0	1,453,986	1,460,769	91.02
91.03	09103	SURGICENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/12/2020 5:32 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	128,015	128,015	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	48,584	48,584	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,428,458	0	19,245,494	54,673,952	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	99	0	4,575	4,674	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	1,233	0	2,795	4,028	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	0	0	0	0	0	192.13
192.14	19214	COMM HLTH & WLNS	4,205	0	29,006	33,211	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	0	1,256	1,256	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	1,374	0	68,906	70,280	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	216	0	3,094	3,310	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	0	155,672	155,672	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	5,541	0	10,138	15,679	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	3,228	0	0	3,228	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		-489,347	0	-489,347	0	201.00
202.00		TOTAL (sum lines 118 through 201)	35,444,354	-489,347	19,520,936	54,475,943	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			NON-PATIENT TELEPHONE	DATA PROCESSING	FOUNDATION OVERHEAD	ADMITTING	SHARED ADMINISTRATIVE & GENERAL	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE	0					5.01
5.02	00550	DATA PROCESSING	0	0				5.02
5.03	00560	FOUNDATION OVERHEAD	0	0	0			5.03
5.04	00570	ADMITTING	0	0	0	196,638		5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	0	0	0	0	178,390	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	178,390	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	22,484	0	30.00
31.01	03101	NEONATAL ICU	0	0	0	681	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	2,036	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	2,397	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	1,018	0	41.00
43.00	04300	NURSERY	0	0	0	1,725	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	9,417	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,254	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,454	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	15,146	0	54.00
57.00	05700	CT SCAN	0	0	0	13,098	0	57.00
58.00	05800	MRI	0	0	0	5,328	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	3,374	0	59.00
60.00	06000	LABORATORY	0	0	0	23,404	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	1,207	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,226	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,301	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	5,284	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	0	0	3,187	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	277	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,843	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,832	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,890	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	568	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	120	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	28	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	0	0	0	21,326	0	90.01
90.02	09002	HOME INFUSION	0	0	0	7,414	0	90.02
91.00	09100	EMERGENCY	0	0	0	12,168	0	91.00
91.01	09101	SLEEP LAB	0	0	0	675	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	0	3,685	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

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Cost Center Description			NON-PATIENT TELEPHONE	DATA PROCESSING	FOUNDATION OVERHEAD	ADMITTING	SHARED ADMINISTRATIVE & GENERAL	
			5.01	5.02	5.03	5.04	5.05	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	124	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	667	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	196,638	178,390	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	0	0	0	0	0	192.13
192.14	19214	COMM HLTH & WLNS	0	0	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	0	0	0	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	0	0	0	0	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	0	0	0	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	196,638	178,390	202.00

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Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	34,337,711					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	1,159,331	0	1,159,331			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0		8.00
9.00	00900	HOUSEKEEPING	499,835	0	6,078	0	505,913	9.00
10.00	01000	DIETARY	347,878	0	19,621	0	8,608	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	207,933	0	4,853	0	2,129	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	109,223	0	0	0	0	14.00
15.00	01500	PHARMACY	407,050	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	333,544	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	340,107	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	273,803	0	3,636	0	1,595	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	39,112	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,889,509	0	204,127	0	89,547	30.00
31.01	03101	NEONATAL ICU	589,944	0	16,431	0	7,208	31.01
32.00	03200	CORONARY CARE UNIT	452,458	0	16,334	0	7,166	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	510,237	0	16,445	0	7,214	34.00
41.00	04100	SUBPROVIDER - IRF	218,395	0	10,994	0	4,823	41.00
43.00	04300	NURSERY	128,518	0	5,236	0	2,297	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,039,608	0	59,471	0	26,089	50.00
51.00	05100	RECOVERY ROOM	120,558	0	4,586	0	2,012	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	401,207	0	23,902	0	10,485	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,686,826	0	85,609	0	37,555	54.00
57.00	05700	CT SCAN	310,723	0	4,456	0	1,955	57.00
58.00	05800	MRI	275,820	0	5,696	0	2,499	58.00
59.00	05900	CARDIAC CATHETERIZATION	185,046	0	4,016	0	1,762	59.00
60.00	06000	LABORATORY	1,383,480	0	32,498	0	14,256	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	158,942	0	1,240	0	544	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	404,993	0	8,934	0	3,919	65.00
66.00	06600	PHYSICAL THERAPY	1,263,155	0	90,404	0	39,659	66.00
69.00	06900	ELECTROCARDIOLOGY	311,719	0	7,040	0	3,088	69.00
69.01	03650	SPECIAL PROCEDURES	519,173	0	27,794	0	12,193	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	41,918	0	813	0	357	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,264,700	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,227,322	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,032,131	0	9,826	0	4,311	73.00
75.00	07500	ASC (NON-DISTINCT PART)	114,116	0	12,807	0	5,618	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	22,786	0	5,737	0	2,517	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	24,285	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	4,163,472	0	383,029	0	168,027	90.01
90.02	09002	HOME INFUSION	15,047	0	2,734	0	1,199	90.02
91.00	09100	EMERGENCY	953,547	0	28,108	0	12,331	91.00
91.01	09101	SLEEP LAB	70,242	0	6,451	0	2,830	91.01
91.02	09102	BRONCH & GASTRO LAB	459,663	0	18,058	0	7,922	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

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Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	441,279	0	2,947	0	1,293	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	356,845	0	2,381	0	1,045	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,755,480	0	1,132,292	0	494,053	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	503	0	5,764	0	2,528	190.00
191.00	19100	RESEARCH	99,795	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	1,928,273	0	1,480	0	649	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	33,919	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	822	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	1,770	0	0	0	0	192.12
192.13	19213	PARISH NRSG	2,878	0	127	0	56	192.13
192.14	19214	COMM HLTH & WLNS	224,311	0	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	18,561	0	1,767	0	775	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	11,031	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	105,404	0	67	0	29	193.02
193.04	19304	NORTH GARAGE	28,035	0	0	0	0	193.04
193.05	19305	HOME INFUSION	915,580	0	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	268,794	0	9,055	0	3,972	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	45,104	0	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	66,236	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	20,174	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	50,741	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	7,336	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	1,751,737	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	1,209	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	18	0	8,779	0	3,851	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	34,337,711	0	1,159,331	0	505,913	202.00

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & 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	376,107					10.00
11.00	01100	CAFETERIA	228,634	228,634				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	1,998	0	616,706		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	109,223	14.00
15.00	01500	PHARMACY	0	5,381	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	576	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	5,799	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	323	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	125,658	47,610	0	433,288	0	30.00
31.01	03101	NEONATAL ICU	0	6,392	0	58,175	0	31.01
32.00	03200	CORONARY CARE UNIT	6,823	4,927	0	44,840	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	7,820	4,343	0	39,520	0	34.00
41.00	04100	SUBPROVIDER - IRF	7,172	2,693	0	0	0	41.00
43.00	04300	NURSERY	0	1,243	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	11,151	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	1,443	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,038	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,308	0	0	0	54.00
57.00	05700	CT SCAN	0	1,955	0	0	0	57.00
58.00	05800	MRI	0	1,751	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,178	0	0	0	59.00
60.00	06000	LABORATORY	0	10,959	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	436	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	3,487	0	31,734	0	65.00
66.00	06600	PHYSICAL THERAPY	0	15,840	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	2,951	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	4,304	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	309	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	55,438	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	53,785	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	913	0	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	497	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	282	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	0	53,168	0	0	0	90.01
90.02	09002	HOME INFUSION	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	5,662	0	0	0	91.00
91.01	09101	SLEEP LAB	0	962	0	8,758	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	3,276	0	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	376,107	220,155	0	616,315	109,223	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	366	0	0	0	190.00
191.00	19100	RESEARCH	0	1,452	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	480	0	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	414	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	159	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	0	43	0	391	0	192.13
192.14	19214	COMM HLTH & WLNS	0	109	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	297	0	0	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	0	1,162	0	0	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	918	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	2,654	0	0	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	425	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	376,107	228,634	0	616,706	109,223	202.00

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES APPRV	
		15.00	16.00	17.00	19.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NON-PATIENT TELEPHONE					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	FOUNDATION OVERHEAD					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL					5.05
5.06	00590	OTHER ADMINISTRATIVE & 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
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	900,230				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	339,842			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	375,661	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	38,836	0		30.00
31.01	03101	NEONATAL ICU	0	1,175	0		31.01
32.00	03200	CORONARY CARE UNIT	0	3,517	0		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	4,141	0		34.00
41.00	04100	SUBPROVIDER - IRF	0	1,758	0		41.00
43.00	04300	NURSERY	0	2,979	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	16,266	0		50.00
51.00	05100	RECOVERY ROOM	0	2,166	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,512	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,323	26,161	0		54.00
57.00	05700	CT SCAN	7	22,624	0		57.00
58.00	05800	MRI	1	9,202	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,827	0		59.00
60.00	06000	LABORATORY	0	40,619	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,084	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	10,755	0		65.00
66.00	06600	PHYSICAL THERAPY	637	9,157	0		66.00
69.00	06900	ELECTROCARDIOLOGY	8,345	9,126	0		69.00
69.01	03650	SPECIAL PROCEDURES	6,125	5,506	0		69.01
69.02	06901	CARDIAC REHAB	0	0	0		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	478	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,547	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,529	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	281,503	17,082	0		73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,218	981	0		75.00
75.01	07501	WOUND CARE	0	0	0		75.01
76.00	03950	ACUTE DIALYSIS	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	208	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	49	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	340B CLINICS	253,089	36,836	0		90.01
90.02	09002	HOME INFUSION	0	12,805	0		90.02
91.00	09100	EMERGENCY	0	21,018	0		91.00
91.01	09101	SLEEP LAB	0	1,165	0		91.01
91.02	09102	BRONCH & GASTRO LAB	0	6,365	0		91.02
91.03	09103	SURGICENTER	0	0	0		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES APPRV	
			15.00	16.00	17.00	19.00	21.00	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	3	215	0			101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	5,355	1,153	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	563,606	339,842	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
191.00	19100	RESEARCH	0	0	0			191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	CHEMOTHERAPY RX	100,752	0	0			192.01
192.02	19202	RURAL HEALTH	0	0	0			192.02
192.03	19203	ARBOURS RX	0	0	0			192.03
192.04	19204	FUND DEVELOPMENT	0	0	0			192.04
192.05	19205	MARKETING	0	0	0			192.05
192.06	19206	CARLE CLINIC	0	0	0			192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	13	0	0			192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0			192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0			192.09
192.10	19210	OTHER REL ENTITIES	0	0	0			192.10
192.11	19211	CASC PHARMACY	0	0	0			192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0			192.12
192.13	19213	PARISH NRSG	0	0	0			192.13
192.14	19214	COMM HLTH & WLNS	0	0	0			192.14
192.15	19215	MOBILE CLINIC	0	0	0			192.15
192.16	19216	PALLIATIVE CARE	0	0	0			192.16
192.17	19217	SMOKING CESSATION	0	0	0			192.17
192.18	19218	HRT DISEASE PRVT	0	0	0			192.18
192.19	19219	STRATUM	0	0	0			192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0			193.01
193.02	19302	TELEMEDICINE	0	0	0			193.02
193.04	19304	NORTH GARAGE	0	0	0			193.04
193.05	19305	HOME INFUSION	219,880	0	0			193.05
193.06	19306	MISSION RELATED	0	0	0			193.06
193.07	19307	GRANT RELATED	0	0	0			193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	0			193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	1,865	0	0			193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0			193.11
193.12	19310	RELATED PARTY PHARMACY	14,114	0	0			193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0			193.13
193.14	19312	RETAIL PHARM	0	0	0			193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0			193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0			193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0			193.17
193.18	19316	RELATED PARTY RHC	0	0	0			193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0			194.00
200.00		Cross Foot Adjustments				0	375,661	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	900,230	339,842	0	0	375,661	202.00

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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-RX RESIDENT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHE R PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & 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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	279,034					22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT		39,435				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			6,391,669	0	6,391,669	30.00
31.01	03101	NEONATAL ICU			1,016,663	0	1,016,663	31.01
32.00	03200	CORONARY CARE UNIT			791,574	0	791,574	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			968,092	0	968,092	34.00
41.00	04100	SUBPROVIDER - IRF			460,683	0	460,683	41.00
43.00	04300	NURSERY			173,812	0	173,812	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			5,203,786	0	5,203,786	50.00
51.00	05100	RECOVERY ROOM			148,893	0	148,893	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			581,838	0	581,838	52.00
53.00	05300	ANESTHESIOLOGY			0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			6,170,599	0	6,170,599	54.00
57.00	05700	CT SCAN			542,221	0	542,221	57.00
58.00	05800	MRI			797,033	0	797,033	58.00
59.00	05900	CARDIAC CATHETERIZATION			1,200,295	0	1,200,295	59.00
60.00	06000	LABORATORY			2,196,718	0	2,196,718	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL			183,744	0	183,744	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS			0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY			1,026,552	0	1,026,552	65.00
66.00	06600	PHYSICAL THERAPY			1,680,879	0	1,680,879	66.00
69.00	06900	ELECTROCARDIOLOGY			609,156	0	609,156	69.00
69.01	03650	SPECIAL PROCEDURES			1,257,415	0	1,257,415	69.01
69.02	06901	CARDIAC REHAB			0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY			210,897	0	210,897	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			1,341,528	0	1,341,528	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			1,302,468	0	1,302,468	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			1,354,743	0	1,354,743	73.00
75.00	07500	ASC (NON-DISTINCT PART)			263,463	0	263,463	75.00
75.01	07501	WOUND CARE			0	0	0	75.01
76.00	03950	ACUTE DIALYSIS			0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION			58,260	0	58,260	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY			24,644	0	24,644	76.98
76.99	07699	LITHOTRIPS			0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS			6,654,180	0	6,654,180	90.01
90.02	09002	HOME INFUSION			39,199	0	39,199	90.02
91.00	09100	EMERGENCY			2,268,335	0	2,268,335	91.00
91.01	09101	SLEEP LAB			144,215	0	144,215	91.01
91.02	09102	BRONCH & GASTRO LAB			1,959,738	0	1,959,738	91.02
91.03	09103	SURGICENTER			0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT			0	0	0	92.01

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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-RX RESIDENT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHE R PRGM COSTS APPRV					
			22.00					
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF			0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY			573,876	0	573,876	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE			416,030	0	416,030	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	48,013,198	0	48,013,198	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			9,161	0	9,161	190.00
191.00	19100	RESEARCH			101,247	0	101,247	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX			2,036,308	0	2,036,308	192.01
192.02	19202	RURAL HEALTH			0	0	0	192.02
192.03	19203	ARBOURS RX			0	0	0	192.03
192.04	19204	FUND DEVELOPMENT			0	0	0	192.04
192.05	19205	MARKETING			0	0	0	192.05
192.06	19206	CARLE CLINIC			0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM			38,374	0	38,374	192.07
192.08	19208	CARLE FOUNDATION #14-8077			0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439			0	0	0	192.09
192.10	19210	OTHER REL ENTITIES			0	0	0	192.10
192.11	19211	CASC PHARMACY			981	0	981	192.11
192.12	19212	SOUTH PARKING GARAGE			1,770	0	1,770	192.12
192.13	19213	PARISH NRSG			3,495	0	3,495	192.13
192.14	19214	COMM HLTH & WLNS			257,631	0	257,631	192.14
192.15	19215	MOBILE CLINIC			0	0	0	192.15
192.16	19216	PALLIATIVE CARE			22,656	0	22,656	192.16
192.17	19217	SMOKING CESSATION			0	0	0	192.17
192.18	19218	HRT DISEASE PRVT			0	0	0	192.18
192.19	19219	STRATUM			0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT			11,031	0	11,031	193.01
193.02	19302	TELEMEDICINE			176,942	0	176,942	193.02
193.04	19304	NORTH GARAGE			28,035	0	28,035	193.04
193.05	19305	HOME INFUSION			1,139,688	0	1,139,688	193.05
193.06	19306	MISSION RELATED			0	0	0	193.06
193.07	19307	GRANT RELATED			440,147	0	440,147	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES			61,208	0	61,208	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN			71,329	0	71,329	193.10
193.11	19309	RELATED PARTY THERAPY			20,174	0	20,174	193.11
193.12	19310	RELATED PARTY PHARMACY			64,855	0	64,855	193.12
193.13	19311	RELATED PARTY PHARMACISTS			7,336	0	7,336	193.13
193.14	19312	RETAIL PHARM			1,751,737	0	1,751,737	193.14
193.15	19313	RELATED PARTY DIETITIANS			1,209	0	1,209	193.15
193.16	19314	RELATED PARTY LABORATORY			0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY			0	0	0	193.17
193.18	19316	RELATED PARTY RHC			0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION			12,648	0	12,648	194.00
200.00		Cross Foot Adjustments	279,034	39,435	694,130	0	694,130	200.00
201.00		Negative Cost Centers	0	0	-489,347	0	-489,347	201.00
202.00		TOTAL (sum lines 118 through 201)	279,034	39,435	54,475,943	0	54,475,943	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
8/12/2020 5:32 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON-PATIENT TELEPHONE (PHONE INST R)	DATA PROCESSING (INVOICES)	
			BLDG & FIXT (SQ FEET FE ET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,971,295					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		19,446,119				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	247,190,025			4.00
5.01	00540	NON-PATIENT TELEPHONE	0	0	0	0		5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	FOUNDATION OVERHEAD	0	0	0	0	0	5.03
5.04	00570	ADMITTING	3,953	195,162	4,956,408	0	0	5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	3,829	177,350	419,786	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	81,835	227,771	6,293,323	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	826,258	0	4,907,006	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	5,542	0	5,322,927	0	0	9.00
10.00	01000	DIETARY	17,890	0	3,537,156	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,425	401,433	2,268,733	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,912,027	0	0	14.00
15.00	01500	PHARMACY	0	476,852	6,314,637	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,700	6,064,942	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	7,772	4,496,451	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,285	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	30	0	433,324	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	186,115	933,917	42,818,259	0	0	30.00
31.01	03101	NEONATAL ICU	14,981	321,933	6,882,681	0	0	31.01
32.00	03200	CORONARY CARE UNIT	14,893	193,104	4,735,438	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	14,994	257,421	4,536,722	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	10,024	159,968	2,751,084	0	0	41.00
43.00	04300	NURSERY	4,774	30,379	1,246,705	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	54,223	3,024,356	9,612,030	0	0	50.00
51.00	05100	RECOVERY ROOM	4,181	15,652	1,556,834	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,793	136,889	4,220,861	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	78,055	4,257,045	13,330,009	0	0	54.00
57.00	05700	CT SCAN	4,063	186,685	2,042,921	0	0	57.00
58.00	05800	MRI	5,193	494,832	1,825,726	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,662	980,173	1,284,110	0	0	59.00
60.00	06000	LABORATORY	29,630	688,852	7,942,932	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,131	19,217	426,974	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	8,146	281,272	3,602,140	0	0	65.00
66.00	06600	PHYSICAL THERAPY	82,427	178,550	16,655,635	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	6,419	260,600	2,760,767	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	25,341	657,166	4,548,091	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	741	163,001	281,354	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	8,959	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	11,677	126,207	1,006,058	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,231	26,272	289,015	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	329,181	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	349,228	1,390,887	37,881,801	0	0	90.01
90.02	09002	HOME INFUSION	2,493	0	0	0	0	90.02
91.00	09100	EMERGENCY	25,628	1,224,361	6,033,324	0	0	91.00
91.01	09101	SLEEP LAB	5,882	46,619	715,409	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	16,465	1,448,414	2,948,957	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
8/12/2020 5:32 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON-PATIENT TELEPHONE (PHONE INST R)	DATA PROCESSING (INVOICES)	
			BLDG & FIXT (SQ FEET FE ET)	MVBLE EQUIP (DOLLAR VALUE)				
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	2,687	127,524	5,715,573	0	0	101.00
	SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	2,171	48,398	2,307,679	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,948,254	19,171,734	238,214,990	0	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,255	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	1,301,271	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	1,349	4,557	687,991	0	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	2,784	450,409	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	180,742	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	116	0	28,429	0	0	192.13
192.14	19214	COMM HLTH & WLNS	0	28,895	107,975	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	1,251	251,237	0	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	61	68,642	1,315,623	0	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	3,082	1,157,499	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	8,256	155,075	2,461,127	0	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	10,099	368,865	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	354,530	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	128,928	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	159,157	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	21,252	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	8,004	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	-489,347	19,520,936	4,316,916	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	1.003847	0.017464	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	0.000000	0.000000	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: 14-0091

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

Worksheet B-1

Date/Time Prepared:
8/12/2020 5:32 pm

Cost Center Description			FOUNDATION OVERHEAD (TOTAL COST)	ADMITTING (GROSS REVE NUE)	SHARED ADMINISTRATIV E & GENERAL (TOTAL COST)	Reconciliatio n	OTHER ADMINISTRATIV E & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD	0					5.03
5.04	00570	ADMITTING	0	3,581,584,378				5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	0	0	1,000,000			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	1,000,000	-237,481,915	613,985,195	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	20,729,724	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	8,937,427	9.00
10.00	01000	DIETARY	0	0	0	0	6,220,322	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	3,718,004	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,952,989	14.00
15.00	01500	PHARMACY	0	0	0	0	7,278,372	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	5,964,025	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	6,081,376	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	4,895,812	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0	0	699,357	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	408,803,715	0	0	69,547,426	30.00
31.01	03101	NEONATAL ICU	0	12,373,481	0	0	10,548,660	31.01
32.00	03200	CORONARY CARE UNIT	0	37,019,851	0	0	8,090,297	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	43,589,725	0	0	9,123,435	34.00
41.00	04100	SUBPROVIDER - IRF	0	18,504,325	0	0	3,905,066	41.00
43.00	04300	NURSERY	0	31,357,549	0	0	2,297,992	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	171,218,356	0	0	36,469,758	50.00
51.00	05100	RECOVERY ROOM	0	22,795,879	0	0	2,155,676	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	26,444,484	0	0	7,173,885	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	275,381,116	0	0	30,161,747	54.00
57.00	05700	CT SCAN	0	238,149,067	0	0	5,555,969	57.00
58.00	05800	MRI	0	96,864,116	0	0	4,931,873	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	61,337,241	0	0	3,308,760	59.00
60.00	06000	LABORATORY	0	431,872,661	0	0	24,737,688	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	21,938,097	0	0	2,842,013	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	113,206,192	0	0	7,241,593	65.00
66.00	06600	PHYSICAL THERAPY	0	96,386,601	0	0	22,586,189	66.00
69.00	06900	ELECTROCARDIOLOGY	0	96,068,262	0	0	5,573,783	69.00
69.01	03650	SPECIAL PROCEDURES	0	57,953,876	0	0	9,283,214	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,033,140	0	0	749,519	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	142,596,853	0	0	22,613,808	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	142,407,649	0	0	21,945,463	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	179,810,125	0	0	18,455,295	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	10,322,849	0	0	2,040,488	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,186,604	0	0	407,425	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	511,820	0	0	434,229	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	0	387,744,509	0	0	74,446,542	90.01
90.02	09002	HOME INFUSION	0	134,793,279	0	0	269,047	90.02
91.00	09100	EMERGENCY	0	221,242,715	0	0	17,050,152	91.00
91.01	09101	SLEEP LAB	0	12,267,865	0	0	1,255,981	91.01
91.02	09102	BRONCH & GASTRO LAB	0	67,004,127	0	0	8,219,128	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
8/12/2020 5:32 pm

Cost Center Description			FOUNDATION OVERHEAD (TOTAL COST)	ADMITTING (GROSS REVE NUE)	SHARED ADMINISTRATIV E & GENERAL (TOTAL COST)	Reconciliatio n	OTHER ADMINISTRATIV E & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	2,262,410	0	0	7,890,400	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	12,135,839	0	0	6,380,659	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,581,584,378	1,000,000	-237,481,915	514,170,568	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	8,999	190.00
191.00	19100	RESEARCH	0	0	0	0	1,784,414	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	0	0	0	34,479,014	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	0	606,495	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	14,700	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	31,650	192.12
192.13	19213	PARISH NRSG	0	0	0	0	51,454	192.13
192.14	19214	COMM HLTH & WLNS	0	0	0	0	4,010,845	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	0	0	0	0	331,891	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	197,245	193.01
193.02	19302	TELEMEDICINE	0	0	0	0	1,884,707	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	501,290	193.04
193.05	19305	HOME INFUSION	0	0	0	0	16,371,274	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	0	0	0	0	4,806,252	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	0	0	806,486	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	1,184,346	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	360,722	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	907,297	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	131,180	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	31,322,417	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	21,623	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	326	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	7,148,291	226,603,019		237,481,915	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.001996	226.603019		0.386788	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	196,638	178,390		34,337,711	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000055	0.178390		0.055926	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: 14-0091

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

Worksheet B-1

Date/Time Prepared:
8/12/2020 5:32 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	1,883,289					6.00
7.00	00700	OPERATION OF PLANT	826,258	1,057,031				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	2,074,918			8.00
9.00	00900	HOUSEKEEPING	5,542	5,542	0	1,051,489		9.00
10.00	01000	DIETARY	17,890	17,890	0	17,890	1,398,842	10.00
11.00	01100	CAFETERIA	0	0	0	0	850,350	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,425	4,425	0	4,425	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,315	3,315	0	3,315	0	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	186,115	186,115	761,298	186,115	467,356	30.00
31.01	03101	NEONATAL ICU	14,981	14,981	39,088	14,981	0	31.01
32.00	03200	CORONARY CARE UNIT	14,893	14,893	56,031	14,893	25,375	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	14,994	14,994	55,426	14,994	29,086	34.00
41.00	04100	SUBPROVIDER - IRF	10,024	10,024	34,012	10,024	26,675	41.00
43.00	04300	NURSERY	4,774	4,774	46,402	4,774	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	54,223	54,223	137,434	54,223	0	50.00
51.00	05100	RECOVERY ROOM	4,181	4,181	23,039	4,181	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,793	21,793	72,679	21,793	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	78,055	78,055	155,260	78,055	0	54.00
57.00	05700	CT SCAN	4,063	4,063	39,176	4,063	0	57.00
58.00	05800	MRI	5,193	5,193	4,230	5,193	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,662	3,662	33,541	3,662	0	59.00
60.00	06000	LABORATORY	29,630	29,630	84	29,630	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,131	1,131	0	1,131	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	8,146	8,146	0	8,146	0	65.00
66.00	06600	PHYSICAL THERAPY	82,427	82,427	120,467	82,427	0	66.00
69.00	06900	ELECTROCARDIOLOGY	6,419	6,419	30,098	6,419	0	69.00
69.01	03650	SPECIAL PROCEDURES	25,341	25,341	28,686	25,341	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	741	741	2,048	741	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	8,959	8,959	0	8,959	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	11,677	11,677	16,254	11,677	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,231	5,231	0	5,231	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	349,228	349,228	96,963	349,228	0	90.01
90.02	09002	HOME INFUSION	2,493	2,493	0	2,493	0	90.02
91.00	09100	EMERGENCY	25,628	25,628	267,225	25,628	0	91.00
91.01	09101	SLEEP LAB	5,882	5,882	10,317	5,882	0	91.01
91.02	09102	BRONCH & GASTRO LAB	16,465	16,465	45,160	16,465	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	2,687	2,687	0	2,687	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	2,171	2,171	0	2,171	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,858,637	1,032,379	2,074,918	1,026,837	1,398,842	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,255	5,255	0	5,255	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	1,349	1,349	0	1,349	0	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	0	0	0	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	0	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	116	116	0	116	0	192.13
192.14	19214	COMM HLTH & WLNS	0	0	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	1,611	1,611	0	1,611	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	61	61	0	61	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	8,256	8,256	0	8,256	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	0	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	8,004	8,004	0	8,004	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	28,747,732	0	12,545,041	9,326,258	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	27.196678	0.000000	11.930739	6.667128	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	1,159,331	0	505,913	376,107	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	1.096781	0.000000	0.481140	0.268870	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: 14-0091

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES NRSIN G HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	FOUNDATION OVERHEAD						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	00590	OTHER ADMINISTRATIVE & 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	308,210					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	2,694	0	1,900,069			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	43,990,402		14.00
15.00	01500	PHARMACY	7,254	0	0	0	57,870,554	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	776	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	7,817	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	435	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	64,181	0	1,334,959	0	0	30.00
31.01	03101	NEONATAL ICU	8,617	0	179,236	0	0	31.01
32.00	03200	CORONARY CARE UNIT	6,642	0	138,153	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	5,854	0	121,762	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	3,630	0	0	0	0	41.00
43.00	04300	NURSERY	1,676	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,032	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	1,945	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,443	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,288	0	0	0	470,733	54.00
57.00	05700	CT SCAN	2,636	0	0	0	443	57.00
58.00	05800	MRI	2,361	0	0	0	73	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,588	0	0	0	0	59.00
60.00	06000	LABORATORY	14,773	0	0	0	3	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	588	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,701	0	97,771	0	24	65.00
66.00	06600	PHYSICAL THERAPY	21,353	0	0	0	40,951	66.00
69.00	06900	ELECTROCARDIOLOGY	3,978	0	0	0	536,479	69.00
69.01	03650	SPECIAL PROCEDURES	5,802	0	0	0	393,750	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	417	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	22,329,185	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	21,661,217	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	18,096,394	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,231	0	0	0	78,277	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	670	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	380	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	71,672	0	0	0	16,269,520	90.01
90.02	09002	HOME INFUSION	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	7,632	0	0	0	0	91.00
91.01	09101	SLEEP LAB	1,297	0	26,983	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	4,416	0	0	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
8/12/2020 5:32 pm

Cost Center Description			CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES NRSIN G HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	164	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	344,251	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	296,779	0	1,898,864	43,990,402	36,231,062	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	493	0	0	0	0	190.00
191.00	19100	RESEARCH	1,957	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CHEMOTHERAPY RX	647	0	0	0	6,476,725	192.01
192.02	19202	RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203	ARBOURS RX	0	0	0	0	0	192.03
192.04	19204	FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	MARKETING	0	0	0	0	0	192.05
192.06	19206	CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	558	0	0	0	830	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210	OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211	CASC PHARMACY	215	0	0	0	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213	PARISH NRSG	58	0	1,205	0	0	192.13
192.14	19214	COMM HLTH & WLNS	147	0	0	0	0	192.14
192.15	19215	MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216	PALLIATIVE CARE	401	0	0	0	0	192.16
192.17	19217	SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218	HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219	STRATUM	0	0	0	0	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302	TELEMEDICINE	1,566	0	0	0	0	193.02
193.04	19304	NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	1,238	0	0	0	14,134,770	193.05
193.06	19306	MISSION RELATED	0	0	0	0	0	193.06
193.07	19307	GRANT RELATED	3,578	0	0	0	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	573	0	0	0	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	0	0	0	119,870	193.10
193.11	19309	RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	0	0	0	907,297	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312	RETAIL PHARM	0	0	0	0	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316	RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,669,392	0	5,378,777	2,708,382	10,226,993	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18.394575	0.000000	2.830832	0.061568	0.176722	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	228,634	0	616,706	109,223	900,230	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.741812	0.000000	0.324570	0.002483	0.015556	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: 14-0091

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

Worksheet B-1

Date/Time Prepared:
8/12/2020 5:32 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		
					SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)	
		16.00	17.00	19.00	21.00	22.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NON-PATIENT TELEPHONE					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	FOUNDATION OVERHEAD					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL					5.05
5.06	00590	OTHER ADMINISTRATIVE & 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
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,581,584,378				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		332	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	0	0		332	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	408,803,715	0	0	300	30.00
31.01	03101	NEONATAL ICU	12,373,481	0	0	20	31.01
32.00	03200	CORONARY CARE UNIT	37,019,851	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	43,589,725	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	18,504,325	0	0	0	41.00
43.00	04300	NURSERY	31,357,549	0	0	10	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	171,218,356	0	0	0	50.00
51.00	05100	RECOVERY ROOM	22,795,879	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,444,484	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	275,381,116	0	0	0	54.00
57.00	05700	CT SCAN	238,149,067	0	0	0	57.00
58.00	05800	MRI	96,864,116	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	61,337,241	0	0	0	59.00
60.00	06000	LABORATORY	431,872,661	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	21,938,097	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	113,206,192	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	96,386,601	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	96,068,262	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	57,953,876	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	5,033,140	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	142,596,853	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	142,407,649	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	179,810,125	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	10,322,849	0	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,186,604	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	511,820	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	340B CLINICS	387,744,509	0	0	0	90.01
90.02	09002	HOME INFUSION	134,793,279	0	0	2	90.02
91.00	09100	EMERGENCY	221,242,715	0	0	0	91.00
91.01	09101	SLEEP LAB	12,267,865	0	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	67,004,127	0	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
8/12/2020 5:32 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		
					SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)	
		16.00	17.00	19.00	21.00	22.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	2,262,410	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	12,135,839	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,581,584,378	0	0	332	332	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 CHEMOTHERAPY RX	0	0	0	0	0	192.01
192.02	19202 RURAL HEALTH	0	0	0	0	0	192.02
192.03	19203 ARBOURS RX	0	0	0	0	0	192.03
192.04	19204 FUND DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205 MARKETING	0	0	0	0	0	192.05
192.06	19206 CARLE CLINIC	0	0	0	0	0	192.06
192.07	19207 SPECIALTY TRANSPORT PROGRAM	0	0	0	0	0	192.07
192.08	19208 CARLE FOUNDATION #14-8077	0	0	0	0	0	192.08
192.09	19209 CARLE ARBOURS #14-1439	0	0	0	0	0	192.09
192.10	19210 OTHER REL ENTITIES	0	0	0	0	0	192.10
192.11	19211 CASC PHARMACY	0	0	0	0	0	192.11
192.12	19212 SOUTH PARKING GARAGE	0	0	0	0	0	192.12
192.13	19213 PARISH NRSG	0	0	0	0	0	192.13
192.14	19214 COMM HLTH & WLNS	0	0	0	0	0	192.14
192.15	19215 MOBILE CLINIC	0	0	0	0	0	192.15
192.16	19216 PALLIATIVE CARE	0	0	0	0	0	192.16
192.17	19217 SMOKING CESSATION	0	0	0	0	0	192.17
192.18	19218 HRT DISEASE PRVT	0	0	0	0	0	192.18
192.19	19219 STRATUM	0	0	0	0	0	192.19
193.01	19301 CONTRACT MANAGEMENT	0	0	0	0	0	193.01
193.02	19302 TELEMEDICINE	0	0	0	0	0	193.02
193.04	19304 NORTH GARAGE	0	0	0	0	0	193.04
193.05	19305 HOME INFUSION	0	0	0	0	0	193.05
193.06	19306 MISSION RELATED	0	0	0	0	0	193.06
193.07	19307 GRANT RELATED	0	0	0	0	0	193.07
193.08	19308 EMERGENCY MEDICAL SERVICES	0	0	0	0	0	193.08
193.10	19303 OTHER NONREIMBURSABLE ADMIN	0	0	0	0	0	193.10
193.11	19309 RELATED PARTY THERAPY	0	0	0	0	0	193.11
193.12	19310 RELATED PARTY PHARMACY	0	0	0	0	0	193.12
193.13	19311 RELATED PARTY PHARMACISTS	0	0	0	0	0	193.13
193.14	19312 RETAIL PHARM	0	0	0	0	0	193.14
193.15	19313 RELATED PARTY DIETITIANS	0	0	0	0	0	193.15
193.16	19314 RELATED PARTY LABORATORY	0	0	0	0	0	193.16
193.17	19315 RELATED PARTY RADIOLOGY	0	0	0	0	0	193.17
193.18	19316 RELATED PARTY RHC	0	0	0	0	0	193.18
194.00	07950 UNDERGRADUATE MEDICAL EDUCATION	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	8,285,112	0	0	8,577,369	6,919,160	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.002313	0.000000	0.000000	25,835.448795	20,840.843373	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	339,842	0	0	375,661	279,034	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000095	0.000000	0.000000	1,131.509036	840.463855	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: 14-0091

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

Worksheet B-1

Date/Time Prepared:
8/12/2020 5:32 pm

Cost Center Description		PARAMED ED PRGM-RX RESIDENT (ASSIGNED TIME)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NON-PATIENT TELEPHONE	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	FOUNDATION OVERHEAD	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	5.05
5.06	00590	OTHER ADMINISTRATIVE & 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
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM-RX RESIDENT	23.00
		274	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.01	03101	NEONATAL ICU	31.01
32.00	03200	CORONARY CARE UNIT	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	03650	SPECIAL PROCEDURES	69.01
69.02	06901	CARDIAC REHAB	69.02
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
75.00	07500	ASC (NON-DISTINCT PART)	75.00
75.01	07501	WOUND CARE	75.01
76.00	03950	ACUTE DIALYSIS	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPS	76.99
OUTPATIENT SERVICE COST CENTERS			
90.01	09001	340B CLINICS	90.01
90.02	09002	HOME INFUSION	90.02
91.00	09100	EMERGENCY	91.00
91.01	09101	SLEEP LAB	91.01
91.02	09102	BRONCH & GASTRO LAB	91.02
91.03	09103	SURGICENTER	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	92.01
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0091

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

Worksheet B-1

Date/Time Prepared:
8/12/2020 5:32 pm

Cost Center Description			PARAMED ED PRGM-RX RESIDENT (ASSIGNED TIME)	
			23.00	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	274	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	CHEMOTHERAPY RX	0	192.01
192.02	19202	RURAL HEALTH	0	192.02
192.03	19203	ARBOURS RX	0	192.03
192.04	19204	FUND DEVELOPMENT	0	192.04
192.05	19205	MARKETING	0	192.05
192.06	19206	CARLE CLINIC	0	192.06
192.07	19207	SPECIALTY TRANSPORT PROGRAM	0	192.07
192.08	19208	CARLE FOUNDATION #14-8077	0	192.08
192.09	19209	CARLE ARBOURS #14-1439	0	192.09
192.10	19210	OTHER REL ENTITIES	0	192.10
192.11	19211	CASC PHARMACY	0	192.11
192.12	19212	SOUTH PARKING GARAGE	0	192.12
192.13	19213	PARISH NRSG	0	192.13
192.14	19214	COMM HLTH & WLNS	0	192.14
192.15	19215	MOBILE CLINIC	0	192.15
192.16	19216	PALLIATIVE CARE	0	192.16
192.17	19217	SMOKING CESSATION	0	192.17
192.18	19218	HRT DISEASE PRVT	0	192.18
192.19	19219	STRATUM	0	192.19
193.01	19301	CONTRACT MANAGEMENT	0	193.01
193.02	19302	TELEMEDICINE	0	193.02
193.04	19304	NORTH GARAGE	0	193.04
193.05	19305	HOME INFUSION	0	193.05
193.06	19306	MISSION RELATED	0	193.06
193.07	19307	GRANT RELATED	0	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	0	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	0	193.10
193.11	19309	RELATED PARTY THERAPY	0	193.11
193.12	19310	RELATED PARTY PHARMACY	0	193.12
193.13	19311	RELATED PARTY PHARMACISTS	0	193.13
193.14	19312	RETAIL PHARM	0	193.14
193.15	19313	RELATED PARTY DIETITIANS	0	193.15
193.16	19314	RELATED PARTY LABORATORY	0	193.16
193.17	19315	RELATED PARTY RADIOLOGY	0	193.17
193.18	19316	RELATED PARTY RHC	0	193.18
194.00	07950	UNDERGRADUATE MEDICAL EDUCATION	0	194.00
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	977,862	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3,568.839416	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	39,435	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	143.923358	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/12/2020 5:32 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	112,750,848		112,750,848	0	112,750,848	30.00
31.01	03101	NEONATAL ICU	15,909,435		15,909,435	0	15,909,435	31.01
32.00	03200	CORONARY CARE UNIT	12,816,571		12,816,571	0	12,816,571	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	13,986,060		13,986,060	16,263	14,002,323	34.00
41.00	04100	SUBPROVIDER - IRF	6,095,132		6,095,132	2,603	6,097,735	41.00
43.00	04300	NURSERY	3,476,981		3,476,981	0	3,476,981	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,709,003		53,709,003	80	53,709,083	50.00
51.00	05100	RECOVERY ROOM	3,241,561		3,241,561	0	3,241,561	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,962,650		10,962,650	81,650	11,044,300	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,956,981		45,956,981	21,044	45,978,025	54.00
57.00	05700	CT SCAN	8,463,331		8,463,331	0	8,463,331	57.00
58.00	05800	MRI	7,310,140		7,310,140	0	7,310,140	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,902,917		4,902,917	13,688	4,916,605	59.00
60.00	06000	LABORATORY	36,736,844		36,736,844	7,326	36,744,170	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,047,082		4,047,082	0	4,047,082	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	10,986,382	0	10,986,382	0	10,986,382	65.00
66.00	06600	PHYSICAL THERAPY	35,170,370	0	35,170,370	10,507	35,180,877	66.00
69.00	06900	ELECTROCARDIOLOGY	8,371,001		8,371,001	0	8,371,001	69.00
69.01	03650	SPECIAL PROCEDURES	14,175,734		14,175,734	0	14,175,734	69.01
69.02	06901	CARDIAC REHAB	0		0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,087,731		1,087,731	0	1,087,731	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,065,129		33,065,129	0	33,065,129	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,096,732		32,096,732	0	32,096,732	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,558,048		29,558,048	0	29,558,048	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,346,969		3,346,969	0	3,346,969	75.00
75.01	07501	WOUND CARE	0		0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	787,070		787,070	0	787,070	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	610,358		610,358	0	610,358	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	121,996,180		121,996,180	0	121,996,180	90.01
90.02	09002	HOME INFUSION	789,570		789,570	0	789,570	90.02
91.00	09100	EMERGENCY	25,685,258		25,685,258	0	25,685,258	91.00
91.01	09101	SLEEP LAB	2,100,545		2,100,545	4,957	2,105,502	91.01
91.02	09102	BRONCH & GASTRO LAB	12,278,632		12,278,632	0	12,278,632	91.02
91.03	09103	SURGICENTER	0		0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	15,303,132		15,303,132	0	15,303,132	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	11,052,709		11,052,709	0	11,052,709	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	9,022,474		9,022,474	0	9,022,474	116.00
200.00		Subtotal (see instructions)	707,849,560	0	707,849,560	158,118	708,007,678	200.00
201.00		Less Observation Beds	15,303,132		15,303,132	0	15,303,132	201.00
202.00		Total (see instructions)	692,546,428	0	692,546,428	158,118	692,704,546	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/12/2020 5:32 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	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	315,999,942		315,999,942			30.00
31.01	03101	NEONATAL ICU	12,373,481		12,373,481			31.01
32.00	03200	CORONARY CARE UNIT	37,019,851		37,019,851			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	43,589,725		43,589,725			34.00
41.00	04100	SUBPROVIDER - IRF	18,504,325		18,504,325			41.00
43.00	04300	NURSERY	31,357,549		31,357,549			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	103,165,949	68,052,407	171,218,356	0.313687	0.000000	50.00
51.00	05100	RECOVERY ROOM	12,538,719	10,257,160	22,795,879	0.142199	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,669,096	3,775,388	26,444,484	0.414553	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,311,752	238,069,364	275,381,116	0.166885	0.000000	54.00
57.00	05700	CT SCAN	78,921,148	159,227,919	238,149,067	0.035538	0.000000	57.00
58.00	05800	MRI	19,129,902	77,734,214	96,864,116	0.075468	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,976,956	30,360,285	61,337,241	0.079934	0.000000	59.00
60.00	06000	LABORATORY	139,355,648	292,517,013	431,872,661	0.085064	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	17,044,275	4,893,822	21,938,097	0.184477	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	104,988,701	8,217,491	113,206,192	0.097048	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	32,962,625	63,423,976	96,386,601	0.364889	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	40,426,020	55,642,242	96,068,262	0.087136	0.000000	69.00
69.01	03650	SPECIAL PROCEDURES	20,430,642	37,523,234	57,953,876	0.244604	0.000000	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0.000000	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	4,019,640	1,013,500	5,033,140	0.216114	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	84,554,020	58,042,833	142,596,853	0.231878	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	94,264,077	48,143,572	142,407,649	0.225386	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	151,224,045	28,586,080	179,810,125	0.164385	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	10,322,849	10,322,849	0.324229	0.000000	75.00
75.01	07501	WOUND CARE	0	0	0	0.000000	0.000000	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,830	2,184,774	2,186,604	0.359951	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	502,530	9,290	511,820	1.192525	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	1,128,605	386,615,904	387,744,509	0.314630	0.000000	90.01
90.02	09002	HOME INFUSION	0	134,793,279	134,793,279	0.005858	0.000000	90.02
91.00	09100	EMERGENCY	59,169,241	162,073,474	221,242,715	0.116095	0.000000	91.00
91.01	09101	SLEEP LAB	20,525	12,247,340	12,267,865	0.171223	0.000000	91.01
91.02	09102	BRONCH & GASTRO LAB	13,294,136	53,709,991	67,004,127	0.183252	0.000000	91.02
91.03	09103	SURGICENTER	0	0	0	0.000000	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,766,983	88,036,790	92,803,773	0.164898	0.000000	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0.000000	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	0	2,262,410	2,262,410			101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	12,135,839	12,135,839			116.00
200.00		Subtotal (see instructions)	1,531,711,938	2,049,872,440	3,581,584,378			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,531,711,938	2,049,872,440	3,581,584,378			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/12/2020 5:32 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.01	03101	NEONATAL ICU				31.01
32.00	03200	CORONARY CARE UNIT				32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.313688			50.00
51.00	05100	RECOVERY ROOM	0.142199			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.417641			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.166961			54.00
57.00	05700	CT SCAN	0.035538			57.00
58.00	05800	MRI	0.075468			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.080157			59.00
60.00	06000	LABORATORY	0.085081			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.184477			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500	RESPIRATORY THERAPY	0.097048			65.00
66.00	06600	PHYSICAL THERAPY	0.364998			66.00
69.00	06900	ELECTROCARDIOLOGY	0.087136			69.00
69.01	03650	SPECIAL PROCEDURES	0.244604			69.01
69.02	06901	CARDIAC REHAB	0.000000			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.216114			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.231878			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.225386			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.164385			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.324229			75.00
75.01	07501	WOUND CARE	0.000000			75.01
76.00	03950	ACUTE DIALYSIS	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.359951			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1.192525			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	340B CLINICS	0.314630			90.01
90.02	09002	HOME INFUSION	0.005858			90.02
91.00	09100	EMERGENCY	0.116095			91.00
91.01	09101	SLEEP LAB	0.171627			91.01
91.02	09102	BRONCH & GASTRO LAB	0.183252			91.02
91.03	09103	SURGICENTER	0.000000			91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.164898			92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/12/2020 5:32 pm

			Title XIX		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	126,753,736		126,753,736	0	126,753,736	30.00
31.01	03101	NEONATAL ICU	16,842,961		16,842,961	0	16,842,961	31.01
32.00	03200	CORONARY CARE UNIT	12,816,571		12,816,571	0	12,816,571	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	13,986,060		13,986,060	16,263	14,002,323	34.00
41.00	04100	SUBPROVIDER - IRF	6,095,132		6,095,132	2,603	6,097,735	41.00
43.00	04300	NURSERY	3,943,743		3,943,743	0	3,943,743	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,709,003		53,709,003	80	53,709,083	50.00
51.00	05100	RECOVERY ROOM	3,241,561		3,241,561	0	3,241,561	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,962,650		10,962,650	81,650	11,044,300	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,956,981		45,956,981	21,044	45,978,025	54.00
57.00	05700	CT SCAN	8,463,331		8,463,331	0	8,463,331	57.00
58.00	05800	MRI	7,310,140		7,310,140	0	7,310,140	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,902,917		4,902,917	13,688	4,916,605	59.00
60.00	06000	LABORATORY	36,736,844		36,736,844	7,326	36,744,170	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,047,082		4,047,082	0	4,047,082	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	10,986,382	0	10,986,382	0	10,986,382	65.00
66.00	06600	PHYSICAL THERAPY	35,170,370	0	35,170,370	10,507	35,180,877	66.00
69.00	06900	ELECTROCARDIOLOGY	8,371,001		8,371,001	0	8,371,001	69.00
69.01	03650	SPECIAL PROCEDURES	14,175,734		14,175,734	0	14,175,734	69.01
69.02	06901	CARDIAC REHAB	0		0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,087,731		1,087,731	0	1,087,731	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,065,129		33,065,129	0	33,065,129	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,096,732		32,096,732	0	32,096,732	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,558,048		29,558,048	0	29,558,048	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,346,969		3,346,969	0	3,346,969	75.00
75.01	07501	WOUND CARE	0		0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	787,070		787,070	0	787,070	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	610,358		610,358	0	610,358	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	121,996,180		121,996,180	0	121,996,180	90.01
90.02	09002	HOME INFUSION	882,923		882,923	0	882,923	90.02
91.00	09100	EMERGENCY	25,685,258		25,685,258	0	25,685,258	91.00
91.01	09101	SLEEP LAB	2,100,545		2,100,545	4,957	2,105,502	91.01
91.02	09102	BRONCH & GASTRO LAB	12,278,632		12,278,632	0	12,278,632	91.02
91.03	09103	SURGICENTER	0		0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	17,203,786		17,203,786	0	17,203,786	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0		0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0	99.40
101.00	10100	HOME HEALTH AGENCY	11,052,709		11,052,709		11,052,709	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	9,022,474		9,022,474		9,022,474	116.00
200.00		Subtotal (see instructions)	725,246,743	0	725,246,743	158,118	725,404,861	200.00
201.00		Less Observation Beds	17,203,786		17,203,786		17,203,786	201.00
202.00		Total (see instructions)	708,042,957	0	708,042,957	158,118	708,201,075	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/12/2020 5:32 pm

			Title XIX			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	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00
31.01	03101	NEONATAL ICU	0		0			31.01
32.00	03200	CORONARY CARE UNIT	0		0			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
43.00	04300	NURSERY	0		0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
69.01	03650	SPECIAL PROCEDURES	0	0	0	0.000000	0.000000	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0.000000	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	07501	WOUND CARE	0	0	0	0.000000	0.000000	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	0	0	0	0.000000	0.000000	90.01
90.02	09002	HOME INFUSION	0	0	0	0.000000	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00
91.01	09101	SLEEP LAB	0	0	0	0.000000	0.000000	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	0	0.000000	0.000000	91.02
91.03	09103	SURGICENTER	0	0	0	0.000000	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0.000000	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	0	0	0			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	0	0	0			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/12/2020 5:32 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.01	03101	NEONATAL ICU				31.01
32.00	03200	CORONARY CARE UNIT				32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
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
69.01	03650	SPECIAL PROCEDURES	0.000000			69.01
69.02	06901	CARDIAC REHAB	0.000000			69.02
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
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501	WOUND CARE	0.000000			75.01
76.00	03950	ACUTE DIALYSIS	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	340B CLINICS	0.000000			90.01
90.02	09002	HOME INFUSION	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	SLEEP LAB	0.000000			91.01
91.02	09102	BRONCH & GASTRO LAB	0.000000			91.02
91.03	09103	SURGICENTER	0.000000			91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part II
Date/Time Prepared:
8/12/2020 5:32 pm

Cost Center Description		Title XIX			Hospital	PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	53,709,003	5,203,786	48,505,217	0	0	50.00
51.00	05100 RECOVERY ROOM	3,241,561	148,893	3,092,668	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	10,962,650	581,838	10,380,812	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	45,956,981	6,170,599	39,786,382	0	0	54.00
57.00	05700 CT SCAN	8,463,331	542,221	7,921,110	0	0	57.00
58.00	05800 MRI	7,310,140	797,033	6,513,107	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,902,917	1,200,295	3,702,622	0	0	59.00
60.00	06000 LABORATORY	36,736,844	2,196,718	34,540,126	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	4,047,082	183,744	3,863,338	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	10,986,382	1,026,552	9,959,830	0	0	65.00
66.00	06600 PHYSICAL THERAPY	35,170,370	1,680,879	33,489,491	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	8,371,001	609,156	7,761,845	0	0	69.00
69.01	03650 SPECIAL PROCEDURES	14,175,734	1,257,415	12,918,319	0	0	69.01
69.02	06901 CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	1,087,731	210,897	876,834	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	33,065,129	1,341,528	31,723,601	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	32,096,732	1,302,468	30,794,264	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	29,558,048	1,354,743	28,203,305	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	3,346,969	263,463	3,083,506	0	0	75.00
75.01	07501 WOUND CARE	0	0	0	0	0	75.01
76.00	03950 ACUTE DIALYSIS	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	787,070	58,260	728,810	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	610,358	24,644	585,714	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 340B CLINICS	121,996,180	6,654,180	115,342,000	0	0	90.01
90.02	09002 HOME INFUSION	882,923	39,199	843,724	0	0	90.02
91.00	09100 EMERGENCY	25,685,258	2,268,335	23,416,923	0	0	91.00
91.01	09101 SLEEP LAB	2,100,545	144,215	1,956,330	0	0	91.01
91.02	09102 BRONCH & GASTRO LAB	12,278,632	1,959,738	10,318,894	0	0	91.02
91.03	09103 SURGICENTER	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	17,203,786	867,518	16,336,268	0	0	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	11,052,709	573,876	10,478,833	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	9,022,474	416,030	8,606,444	0	0	116.00
200.00	Subtotal (sum of lines 50 thru 199)	544,808,540	39,078,223	505,730,317	0	0	200.00
201.00	Less Observation Beds	17,203,786	867,518	16,336,268	0	0	201.00
202.00	Total (line 200 minus line 201)	527,604,754	38,210,705	489,394,049	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part II
Date/Time Prepared:
8/12/2020 5:32 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	53,709,003	171,218,356	0.313687		50.00
51.00	05100 RECOVERY ROOM	3,241,561	22,795,879	0.142199		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	10,962,650	26,444,484	0.414553		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	45,956,981	275,381,116	0.166885		54.00
57.00	05700 CT SCAN	8,463,331	238,149,067	0.035538		57.00
58.00	05800 MRI	7,310,140	96,864,116	0.075468		58.00
59.00	05900 CARDIAC CATHETERIZATION	4,902,917	61,337,241	0.079934		59.00
60.00	06000 LABORATORY	36,736,844	431,872,661	0.085064		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	4,047,082	21,938,097	0.184477		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	10,986,382	113,206,192	0.097048		65.00
66.00	06600 PHYSICAL THERAPY	35,170,370	96,386,601	0.364889		66.00
69.00	06900 ELECTROCARDIOLOGY	8,371,001	96,068,262	0.087136		69.00
69.01	03650 SPECIAL PROCEDURES	14,175,734	57,953,876	0.244604		69.01
69.02	06901 CARDIAC REHAB	0	0	0.000000		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	1,087,731	5,033,140	0.216114		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	33,065,129	142,596,853	0.231878		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	32,096,732	142,407,649	0.225386		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	29,558,048	179,810,125	0.164385		73.00
75.00	07500 ASC (NON-DISTINCT PART)	3,346,969	10,322,849	0.324229		75.00
75.01	07501 WOUND CARE	0	0	0.000000		75.01
76.00	03950 ACUTE DIALYSIS	0	0	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	787,070	2,186,604	0.359951		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	610,358	511,820	1.192525		76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 340B CLINICS	121,996,180	387,744,509	0.314630		90.01
90.02	09002 HOME INFUSION	882,923	134,793,279	0.006550		90.02
91.00	09100 EMERGENCY	25,685,258	221,242,715	0.116095		91.00
91.01	09101 SLEEP LAB	2,100,545	12,267,865	0.171223		91.01
91.02	09102 BRONCH & GASTRO LAB	12,278,632	67,004,127	0.183252		91.02
91.03	09103 SURGICENTER	0	0	0.000000		91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	17,203,786	92,803,773	0.185378		92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0	0	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF	0	0	0.000000		99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0.000000		99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0.000000		99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0.000000		99.40
101.00	10100 HOME HEALTH AGENCY	11,052,709	2,262,410	4.885370		101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600 HOSPICE	9,022,474	12,135,839	0.743457		116.00
200.00	Subtotal (sum of lines 50 thru 199)	544,808,540	3,122,739,505			200.00
201.00	Less Observation Beds	17,203,786	0			201.00
202.00	Total (line 200 minus line 201)	527,604,754	3,122,739,505			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
8/12/2020 5:32 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	6,391,669	0	6,391,669	107,489	59.46	30.00
31.01	NEONATAL ICU	1,016,663		1,016,663	3,519	288.91	31.01
32.00	CORONARY CARE UNIT	791,574		791,574	5,621	140.82	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	968,092		968,092	6,443	150.25	34.00
41.00	SUBPROVIDER - IRF	460,683	0	460,683	5,909	77.96	41.00
43.00	NURSERY	173,812		173,812	10,978	15.83	43.00
200.00	Total (lines 30 through 199)	9,802,493		9,802,493	139,959		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	29,244	1,738,848				30.00
31.01	NEONATAL ICU	0	0				31.01
32.00	CORONARY CARE UNIT	1,758	247,562				32.00
34.00	SURGICAL INTENSIVE CARE UNIT	2,015	302,754				34.00
41.00	SUBPROVIDER - IRF	1,686	131,441				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	34,703	2,420,605				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 8/12/2020 5:32 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	5,203,786	171,218,356	0.030393	25,331,889	769,912	50.00
51.00	05100	RECOVERY ROOM	148,893	22,795,879	0.006532	3,212,030	20,981	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	581,838	26,444,484	0.022002	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,170,599	275,381,116	0.022407	10,833,802	242,753	54.00
57.00	05700	CT SCAN	542,221	238,149,067	0.002277	23,729,812	54,033	57.00
58.00	05800	MRI	797,033	96,864,116	0.008228	5,063,611	41,663	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,200,295	61,337,241	0.019569	8,862,469	173,430	59.00
60.00	06000	LABORATORY	2,196,718	431,872,661	0.005086	43,080,440	219,107	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	183,744	21,938,097	0.008376	5,262,307	44,077	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,026,552	113,206,192	0.009068	31,942,715	289,657	65.00
66.00	06600	PHYSICAL THERAPY	1,680,879	96,386,601	0.017439	7,021,789	122,453	66.00
69.00	06900	ELECTROCARDIOLOGY	609,156	96,068,262	0.006341	15,439,417	97,901	69.00
69.01	03650	SPECIAL PROCEDURES	1,257,415	57,953,876	0.021697	5,579,755	121,064	69.01
69.02	06901	CARDIAC REHAB	0	0	0.000000	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	210,897	5,033,140	0.041902	851,817	35,693	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,341,528	142,596,853	0.009408	23,646,712	222,468	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,302,468	142,407,649	0.009146	30,172,092	275,954	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,354,743	179,810,125	0.007534	42,687,198	321,605	73.00
75.00	07500	ASC (NON-DISTINCT PART)	263,463	10,322,849	0.025522	0	0	75.00
75.01	07501	WOUND CARE	0	0	0.000000	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	58,260	2,186,604	0.026644	1,095	29	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	24,644	511,820	0.048150	135,514	6,525	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	09001	340B CLINICS	6,654,180	387,744,509	0.017161	387,059	6,642	90.01
90.02	09002	HOME INFUSION	39,199	134,793,279	0.000291	0	0	90.02
91.00	09100	EMERGENCY	2,268,335	221,242,715	0.010253	17,643,206	180,896	91.00
91.01	09101	SLEEP LAB	144,215	12,267,865	0.011756	5,113	60	91.01
91.02	09102	BRONCH & GASTRO LAB	1,959,738	67,004,127	0.029248	4,671,949	136,645	91.02
91.03	09103	SURGICENTER	0	0	0.000000	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	867,504	92,803,773	0.009348	2,125,679	19,871	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0.000000	0	0	92.01
200.00		Total (lines 50 through 199)	38,088,303	3,108,341,256		307,687,470	3,403,419	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0091		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 8/12/2020 5:32 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.01	03101	NEONATAL ICU	0	0	0	0	0	0	31.01		
32.00	03200	CORONARY CARE UNIT	0	0	0	246,250	0	0	32.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	246,250	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days				
			4.00	5.00	6.00	7.00	8.00				
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	107,489	0.00	29,244	30.00			
31.01	03101	NEONATAL ICU		0	3,519	0.00	0	31.01			
32.00	03200	CORONARY CARE UNIT		246,250	5,621	43.81	1,758	32.00			
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	6,443	0.00	2,015	34.00			
41.00	04100	SUBPROVIDER - IRF	0	0	5,909	0.00	1,686	41.00			
43.00	04300	NURSERY		0	10,978	0.00	0	43.00			
200.00		Total (lines 30 through 199)		246,250	139,959		34,703	200.00			
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0								30.00
31.01	03101	NEONATAL ICU	0								31.01
32.00	03200	CORONARY CARE UNIT	77,018								32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0								34.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
43.00	04300	NURSERY	0								43.00
200.00		Total (lines 30 through 199)	77,018								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/12/2020 5:32 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	339,040	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	0	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	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
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	0	0	0	0	0	90.01
90.02	09002	HOME INFUSION	0	0	0	0	7,138	90.02
91.00	09100	EMERGENCY	0	0	0	0	385,434	91.00
91.01	09101	SLEEP LAB	0	0	0	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	0	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	731,612	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/12/2020 5:32 pm			
					Title XVIII		Hospital	PPS		
Cost Center Description					All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
					4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0			339,040	339,040	171,218,356	0.001980	50.00
51.00	05100	RECOVERY ROOM	0			0	0	22,795,879	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			0	0	26,444,484	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0			0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			0	0	275,381,116	0.000000	54.00
57.00	05700	CT SCAN	0			0	0	238,149,067	0.000000	57.00
58.00	05800	MRI	0			0	0	96,864,116	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0			0	0	61,337,241	0.000000	59.00
60.00	06000	LABORATORY	0			0	0	431,872,661	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0			0	0	21,938,097	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0			0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0			0	0	113,206,192	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0			0	0	96,386,601	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0			0	0	96,068,262	0.000000	69.00
69.01	03650	SPECIAL PROCEDURES	0			0	0	57,953,876	0.000000	69.01
69.02	06901	CARDIAC REHAB	0			0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0			0	0	5,033,140	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0			0	0	142,596,853	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			0	0	142,407,649	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			0	0	179,810,125	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0			0	0	10,322,849	0.000000	75.00
75.01	07501	WOUND CARE	0			0	0	0	0.000000	75.01
76.00	03950	ACUTE DIALYSIS	0			0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0			0	0	2,186,604	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0			0	0	511,820	0.000000	76.98
76.99	07699	LITHOTRIPSY	0			0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS										
90.01	09001	340B CLINICS	0			0	0	387,744,509	0.000000	90.01
90.02	09002	HOME INFUSION	0			7,138	7,138	134,793,279	0.000053	90.02
91.00	09100	EMERGENCY	0			385,434	385,434	221,242,715	0.001742	91.00
91.01	09101	SLEEP LAB	0			0	0	12,267,865	0.000000	91.01
91.02	09102	BRONCH & GASTRO LAB	0			0	0	67,004,127	0.000000	91.02
91.03	09103	SURGICENTER	0			0	0	0	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0			0	0	92,803,773	0.000000	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0			0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)	0			731,612	731,612	3,108,341,256		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/12/2020 5:32 pm

			Title XVIII		Hospital	PPS			
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.001980	25,331,889	50,157	13,827,882	27,379	50.00	
51.00	05100	RECOVERY ROOM	0.000000	3,212,030	0	1,840,661	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	10,833,802	0	40,787,795	0	54.00	
57.00	05700	CT SCAN	0.000000	23,729,812	0	32,496,035	0	57.00	
58.00	05800	MRI	0.000000	5,063,611	0	12,396,113	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	8,862,469	0	9,975,797	0	59.00	
60.00	06000	LABORATORY	0.000000	43,080,440	0	28,157,685	0	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	5,262,307	0	797,505	0	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	0.000000	31,942,715	0	1,497,106	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	7,021,789	0	1,916,316	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	15,439,417	0	13,134,725	0	69.00	
69.01	03650	SPECIAL PROCEDURES	0.000000	5,579,755	0	9,535,225	0	69.01	
69.02	06901	CARDIAC REHAB	0.000000	0	0	0	0	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	851,817	0	195,368	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	23,646,712	0	14,122,472	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	30,172,092	0	16,419,623	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	42,687,198	0	7,408,628	0	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	2,122,199	0	75.00	
75.01	07501	WOUND CARE	0.000000	0	0	0	0	75.01	
76.00	03950	ACUTE DIALYSIS	0.000000	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	1,095	0	639,631	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	135,514	0	1,426	0	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	0.000000	387,059	0	63,263,599	0	90.01	
90.02	09002	HOME INFUSION	0.000053	0	0	0	0	90.02	
91.00	09100	EMERGENCY	0.001742	17,643,206	30,734	17,587,554	30,638	91.00	
91.01	09101	SLEEP LAB	0.000000	5,113	0	2,104,278	0	91.01	
91.02	09102	BRONCH & GASTRO LAB	0.000000	4,671,949	0	10,370,456	0	91.02	
91.03	09103	SURGICENTER	0.000000	0	0	0	0	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	2,125,679	0	13,255,710	0	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	0	0	0	0	92.01	
200.00		Total (lines 50 through 199)		307,687,470	80,891	313,853,789	58,017	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0091		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 8/12/2020 5:32 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		0.313687	13,827,882	2	307	4,337,627	50.00
51.00	05100	RECOVERY ROOM		0.142199	1,840,661	0	6	261,740	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.414553	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.166885	40,787,795	58	7,338	6,806,871	54.00
57.00	05700	CT SCAN		0.035538	32,496,035	1	69	1,154,844	57.00
58.00	05800	MRI		0.075468	12,396,113	2	314	935,510	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.079934	9,975,797	0	0	797,405	59.00
60.00	06000	LABORATORY		0.085064	28,157,685	2,870	2	2,395,205	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.184477	797,505	3	336	147,121	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0.097048	1,497,106	0	0	145,291	65.00
66.00	06600	PHYSICAL THERAPY		0.364889	1,916,316	12	1,458	699,243	66.00
69.00	06900	ELECTROCARDIOLOGY		0.087136	13,134,725	17	2,106	1,144,507	69.00
69.01	03650	SPECIAL PROCEDURES		0.244604	9,535,225	0	0	2,332,354	69.01
69.02	06901	CARDIAC REHAB		0.000000	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0.216114	195,368	0	0	42,222	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.231878	14,122,472	491	0	3,274,691	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.225386	16,419,623	0	0	3,700,753	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.164385	7,408,628	296	37,362	1,217,867	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0.324229	2,122,199	19	1,187	688,078	75.00
75.01	07501	WOUND CARE		0.000000	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.359951	639,631	0	0	230,236	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		1.192525	1,426	0	0	1,701	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	340B CLINICS		0.314630	63,263,599	1,282	153,454	19,904,626	90.01
90.02	09002	HOME INFUSION		0.005858	0	0	0	0	90.02
91.00	09100	EMERGENCY		0.116095	17,587,554	0	629	2,041,827	91.00
91.01	09101	SLEEP LAB		0.171223	2,104,278	0	0	360,301	91.01
91.02	09102	BRONCH & GASTRO LAB		0.183252	10,370,456	0	0	1,900,407	91.02
91.03	09103	SURGICENTER		0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.164898	13,255,710	0	147	2,185,840	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT		0.000000	0	0	0	0	92.01
200.00		Subtotal (see instructions)			313,853,789	5,053	204,715	56,706,267	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0	0	201.00
202.00		Net Charges (line 200 - line 201)			313,853,789	5,053	204,715	56,706,267	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
8/12/2020 5:32 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	1	96		50.00
51.00	05100	RECOVERY ROOM	0	1		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	10	1,225		54.00
57.00	05700	CT SCAN	0	2		57.00
58.00	05800	MRI	0	24		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	244	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1	62		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	4	532		66.00
69.00	06900	ELECTROCARDIOLOGY	1	184		69.00
69.01	03650	SPECIAL PROCEDURES	0	0		69.01
69.02	06901	CARDIAC REHAB	0	0		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	114	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49	6,142		73.00
75.00	07500	ASC (NON-DISTINCT PART)	6	385		75.00
75.01	07501	WOUND CARE	0	0		75.01
76.00	03950	ACUTE DIALYSIS	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
90.01	09001	340B CLINICS	403	48,281		90.01
90.02	09002	HOME INFUSION	0	0		90.02
91.00	09100	EMERGENCY	0	73		91.00
91.01	09101	SLEEP LAB	0	0		91.01
91.02	09102	BRONCH & GASTRO LAB	0	0		91.02
91.03	09103	SURGICENTER	0	0		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	24		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0		92.01
200.00		Subtotal (see instructions)	833	57,031		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	833	57,031		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 8/12/2020 5:32 pm		
				Title XVIII		Subprovider - IRF	PPS	
	Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,203,786	171,218,356	0.030393	6,050	184	50.00
51.00	05100	RECOVERY ROOM	148,893	22,795,879	0.006532	6,019	39	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	581,838	26,444,484	0.022002	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,170,599	275,381,116	0.022407	146,192	3,276	54.00
57.00	05700	CT SCAN	542,221	238,149,067	0.002277	225,777	514	57.00
58.00	05800	MRI	797,033	96,864,116	0.008228	51,976	428	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,200,295	61,337,241	0.019569	5,177	101	59.00
60.00	06000	LABORATORY	2,196,718	431,872,661	0.005086	336,789	1,713	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	183,744	21,938,097	0.008376	12,106	101	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,026,552	113,206,192	0.009068	381,438	3,459	65.00
66.00	06600	PHYSICAL THERAPY	1,680,879	96,386,601	0.017439	3,443,955	60,059	66.00
69.00	06900	ELECTROCARDIOLOGY	609,156	96,068,262	0.006341	106,409	675	69.00
69.01	03650	SPECIAL PROCEDURES	1,257,415	57,953,876	0.021697	35,224	764	69.01
69.02	06901	CARDIAC REHAB	0	0	0.000000	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	210,897	5,033,140	0.041902	990	41	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,341,528	142,596,853	0.009408	66,519	626	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,302,468	142,407,649	0.009146	32,132	294	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,354,743	179,810,125	0.007534	693,274	5,223	73.00
75.00	07500	ASC (NON-DISTINCT PART)	263,463	10,322,849	0.025522	0	0	75.00
75.01	07501	WOUND CARE	0	0	0.000000	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	58,260	2,186,604	0.026644	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	24,644	511,820	0.048150	859	41	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	09001	340B CLINICS	6,654,180	387,744,509	0.017161	1,261	22	90.01
90.02	09002	HOME INFUSION	39,199	134,793,279	0.000291	0	0	90.02
91.00	09100	EMERGENCY	2,268,335	221,242,715	0.010253	138,863	1,424	91.00
91.01	09101	SLEEP LAB	144,215	12,267,865	0.011756	8	0	91.01
91.02	09102	BRONCH & GASTRO LAB	1,959,738	67,004,127	0.029248	12,652	370	91.02
91.03	09103	SURGICENTER	0	0	0.000000	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92,803,773	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0.000000	0	0	92.01
200.00		Total (lines 50 through 199)	37,220,799	3,108,341,256		5,703,670	79,354	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0091 Component CCN: 14-T091		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/12/2020 5:32 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	339,040	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	0	0	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	340B CLINICS	0	0	0	0	0	0	90.01
90.02	09002	HOME INFUSION	0	0	0	0	0	7,138	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	385,434	91.00
91.01	09101	SLEEP LAB	0	0	0	0	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	0	0	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	0	731,612	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0091 Component CCN:14-T091		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/12/2020 5:32 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	339,040	339,040	171,218,356	0.001980	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	22,795,879	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	26,444,484	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	275,381,116	0.000000	54.00	
57.00	05700	CT SCAN	0	0	0	238,149,067	0.000000	57.00	
58.00	05800	MRI	0	0	0	96,864,116	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	61,337,241	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	431,872,661	0.000000	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	21,938,097	0.000000	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30	
65.00	06500	RESPIRATORY THERAPY	0	0	0	113,206,192	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	96,386,601	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	96,068,262	0.000000	69.00	
69.01	03650	SPECIAL PROCEDURES	0	0	0	57,953,876	0.000000	69.01	
69.02	06901	CARDIAC REHAB	0	0	0	0	0.000000	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,033,140	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	142,596,853	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	142,407,649	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	179,810,125	0.000000	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	10,322,849	0.000000	75.00	
75.01	07501	WOUND CARE	0	0	0	0	0.000000	75.01	
76.00	03950	ACUTE DIALYSIS	0	0	0	0	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,186,604	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	511,820	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	340B CLINICS	0	0	0	387,744,509	0.000000	90.01	
90.02	09002	HOME INFUSION	0	7,138	7,138	134,793,279	0.000053	90.02	
91.00	09100	EMERGENCY	0	385,434	385,434	221,242,715	0.001742	91.00	
91.01	09101	SLEEP LAB	0	0	0	12,267,865	0.000000	91.01	
91.02	09102	BRONCH & GASTRO LAB	0	0	0	67,004,127	0.000000	91.02	
91.03	09103	SURGICENTER	0	0	0	0	0.000000	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92,803,773	0.000000	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0.000000	92.01	
200.00		Total (lines 50 through 199)	0	731,612	731,612	3,108,341,256		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0091

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

Worksheet D
Part IV
Date/Time Prepared:
8/12/2020 5:32 pm

Component CCN: 14-T091

Title XVIII

Subprovider -

PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.001980	6,050		12	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	6,019		0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0		0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0		0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	146,192		0	1	54.00
57.00	05700 CT SCAN	0.000000	225,777		0	0	57.00
58.00	05800 MRI	0.000000	51,976		0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	5,177		0	0	59.00
60.00	06000 LABORATORY	0.000000	336,789		0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	12,106		0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0		0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	381,438		0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	3,443,955		0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	106,409		0	0	69.00
69.01	03650 SPECIAL PROCEDURES	0.000000	35,224		0	0	69.01
69.02	06901 CARDIAC REHAB	0.000000	0		0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	990		0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	66,519		0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	32,132		0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	693,274		0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0		0	0	75.00
75.01	07501 WOUND CARE	0.000000	0		0	0	75.01
76.00	03950 ACUTE DIALYSIS	0.000000	0		0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0		0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	859		0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0		0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 340B CLINICS	0.000000	1,261		0	447	90.01
90.02	09002 HOME INFUSION	0.000053	0		0	0	90.02
91.00	09100 EMERGENCY	0.001742	138,863	242	10	0	91.00
91.01	09101 SLEEP LAB	0.000000	8		0	0	91.01
91.02	09102 BRONCH & GASTRO LAB	0.000000	12,652		0	0	91.02
91.03	09103 SURGICENTER	0.000000	0		0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0		0	0	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0.000000	0		0	0	92.01
200.00	Total (lines 50 through 199)		5,703,670	254	458	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN:14-0091		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 8/12/2020 5:32 pm	
				Component CCN:14-T091					
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.313687	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0.142199	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.414553	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.166885	1	0	0	0	54.00	
57.00	05700	CT SCAN	0.035538	0	0	0	0	57.00	
58.00	05800	MRI	0.075468	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.079934	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.085064	0	0	0	0	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.184477	0	0	0	0	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	0.097048	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.364889	0	0	0	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0.087136	0	0	0	0	69.00	
69.01	03650	SPECIAL PROCEDURES	0.244604	0	0	0	0	69.01	
69.02	06901	CARDIAC REHAB	0.000000	0	0	0	0	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.216114	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.231878	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.225386	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.164385	0	0	0	0	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.324229	0	0	0	0	75.00	
75.01	07501	WOUND CARE	0.000000	0	0	0	0	75.01	
76.00	03950	ACUTE DIALYSIS	0.000000	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0.359951	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	1.192525	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	340B CLINICS	0.314630	447	0	139	141	90.01	
90.02	09002	HOME INFUSION	0.005858	0	0	0	0	90.02	
91.00	09100	EMERGENCY	0.116095	10	0	0	1	91.00	
91.01	09101	SLEEP LAB	0.171223	0	0	0	0	91.01	
91.02	09102	BRONCH & GASTRO LAB	0.183252	0	0	0	0	91.02	
91.03	09103	SURGICENTER	0.000000	0	0	0	0	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.164898	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	0	0	0	0	92.01	
200.00		Subtotal (see instructions)		458	0	139	142	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		458	0	139	142	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN:14-0091 Component CCN:14-T091	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 8/12/2020 5:32 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Costs		
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
		6.00	7.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
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
69.01	03650 SPECIAL PROCEDURES	0	0	69.01
69.02	06901 CARDIAC REHAB	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 WOUND CARE	0	0	75.01
76.00	03950 ACUTE DIALYSIS	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 340B CLINICS	0	44	90.01
90.02	09002 HOME INFUSION	0	0	90.02
91.00	09100 EMERGENCY	0	0	91.00
91.01	09101 SLEEP LAB	0	0	91.01
91.02	09102 BRONCH & GASTRO LAB	0	0	91.02
91.03	09103 SURGICENTER	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0	0	92.01
200.00	Subtotal (see instructions)	0	44	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	44	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
8/12/2020 5:32 pm

			Title XIX		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	6,391,669	0	6,391,669	107,489	59.46	30.00
31.01	NEONATAL ICU	1,016,663		1,016,663	3,519	288.91	31.01
32.00	CORONARY CARE UNIT	791,574		791,574	5,621	140.82	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	968,092		968,092	6,443	150.25	34.00
41.00	SUBPROVIDER - IRF	460,683	0	460,683	5,909	77.96	41.00
43.00	NURSERY	173,812		173,812	10,978	15.83	43.00
200.00	Total (lines 30 through 199)	9,802,493		9,802,493	139,959		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	9,788	581,994				30.00
31.01	NEONATAL ICU	379	109,497				31.01
32.00	CORONARY CARE UNIT	606	85,337				32.00
34.00	SURGICAL INTENSIVE CARE UNIT	695	104,424				34.00
41.00	SUBPROVIDER - IRF	633	49,349				41.00
43.00	NURSERY	1,183	18,727				43.00
200.00	Total (lines 30 through 199)	13,284	949,328				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part II
Date/Time Prepared:
8/12/2020 5:32 pm

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	PPS	
						Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,203,786	0	0.000000	0	0	50.00
51.00	05100 RECOVERY ROOM	148,893	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	581,838	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,170,599	0	0.000000	0	0	54.00
57.00	05700 CT SCAN	542,221	0	0.000000	0	0	57.00
58.00	05800 MRI	797,033	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,200,295	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	2,196,718	0	0.000000	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	183,744	0	0.000000	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	1,026,552	0	0.000000	0	0	65.00
66.00	06600 PHYSICAL THERAPY	1,680,879	0	0.000000	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	609,156	0	0.000000	0	0	69.00
69.01	03650 SPECIAL PROCEDURES	1,257,415	0	0.000000	0	0	69.01
69.02	06901 CARDIAC REHAB	0	0	0.000000	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	210,897	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,341,528	0	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,302,468	0	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,354,743	0	0.000000	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	263,463	0	0.000000	0	0	75.00
75.01	07501 WOUND CARE	0	0	0.000000	0	0	75.01
76.00	03950 ACUTE DIALYSIS	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	58,260	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	24,644	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 340B CLINICS	6,654,180	0	0.000000	0	0	90.01
90.02	09002 HOME INFUSION	39,199	0	0.000000	0	0	90.02
91.00	09100 EMERGENCY	2,268,335	0	0.000000	0	0	91.00
91.01	09101 SLEEP LAB	144,215	0	0.000000	0	0	91.01
91.02	09102 BRONCH & GASTRO LAB	1,959,738	0	0.000000	0	0	91.02
91.03	09103 SURGICENTER	0	0	0.000000	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	867,518	0	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0	0	0.000000	0	0	92.01
200.00	Total (lines 50 through 199)	38,088,317	0		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0091		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 8/12/2020 5:32 pm	
					Title XIX		Hospital		PPS	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
	INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.01	03101	NEONATAL ICU	0	0	0	0	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	246,250	0	0	32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	246,250	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	107,489	0.00	9,788	30.00		
31.01	03101	NEONATAL ICU		0	3,519	0.00	379	31.01		
32.00	03200	CORONARY CARE UNIT		246,250	5,621	43.81	606	32.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	6,443	0.00	695	34.00		
41.00	04100	SUBPROVIDER - IRF	0	0	5,909	0.00	633	41.00		
43.00	04300	NURSERY		0	10,978	0.00	1,183	43.00		
200.00		Total (lines 30 through 199)		246,250	139,959		13,284	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
	INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00	
31.01	03101	NEONATAL ICU	0						31.01	
32.00	03200	CORONARY CARE UNIT	26,549						32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	26,549						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/12/2020 5:32 pm

Cost Center Description			Title XIX		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	339,040	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	0	0	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	WOUND CARE	0	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	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
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	0	0	0	0	0	90.01
90.02	09002	HOME INFUSION	0	0	0	0	7,138	90.02
91.00	09100	EMERGENCY	0	0	0	0	385,434	91.00
91.01	09101	SLEEP LAB	0	0	0	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0	0	0	0	0	91.02
91.03	09103	SURGICENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	731,612	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0091		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/12/2020 5:32 pm	
				Title XIX		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		339,040	339,040	0	0.000000	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		0	0	0	0.000000	54.00
57.00	05700	CT SCAN	0		0	0	0	0.000000	57.00
58.00	05800	MRI	0		0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0		0	0	0	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0		0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0		0	0	0	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	0.000000	69.00
69.01	03650	SPECIAL PROCEDURES	0		0	0	0	0.000000	69.01
69.02	06901	CARDIAC REHAB	0		0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		0	0	0	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0.000000	75.00
75.01	07501	WOUND CARE	0		0	0	0	0.000000	75.01
76.00	03950	ACUTE DIALYSIS	0		0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	340B CLINICS	0		0	0	0	0.000000	90.01
90.02	09002	HOME INFUSION	0		7,138	7,138	0	0.000000	90.02
91.00	09100	EMERGENCY	0		385,434	385,434	0	0.000000	91.00
91.01	09101	SLEEP LAB	0		0	0	0	0.000000	91.01
91.02	09102	BRONCH & GASTRO LAB	0		0	0	0	0.000000	91.02
91.03	09103	SURGICENTER	0		0	0	0	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0		0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)	0		731,612	731,612	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/12/2020 5:32 pm

Cost Center Description			Title XIX		Hospital		PPS	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03650	SPECIAL PROCEDURES	0.000000	0	0	0	0	69.01
69.02	06901	CARDIAC REHAB	0.000000	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	WOUND CARE	0.000000	0	0	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	0.000000	0	0	0	0	90.01
90.02	09002	HOME INFUSION	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
91.01	09101	SLEEP LAB	0.000000	0	0	0	0	91.01
91.02	09102	BRONCH & GASTRO LAB	0.000000	0	0	0	0	91.02
91.03	09103	SURGICENTER	0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/12/2020 5:32 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)			107,489	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			107,489	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)			92,900	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			29,244	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)			112,750,848	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)			112,750,848	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)			112,750,848	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY					
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,048.95	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			30,675,494	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)			30,675,494	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/12/2020 5:32 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
43.01 NEONATAL ICU	15,909,435	3,519	4,521.01	0	0	43.01
44.00 CORONARY CARE UNIT	12,816,571	5,621	2,280.12	1,758	4,008,451	44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT	14,002,323	6,443	2,173.26	2,015	4,379,119	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					48,181,248	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					87,244,312	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,366,182	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,484,310	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,850,492	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					81,393,820	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					14,589	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,048.95	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					15,303,132	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0091

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

Worksheet D-1

Date/Time Prepared:
8/12/2020 5:32 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	6,391,669	112,750,848	0.056688	15,303,132	867,504	90.00
91.00 Nursing School cost	0	112,750,848	0.000000	15,303,132	0	91.00
92.00 Allied health cost	0	112,750,848	0.000000	15,303,132	0	92.00
93.00 All other Medical Education	0	112,750,848	0.000000	15,303,132	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0091 Component CCN: 14-T091	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/12/2020 5:32 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,909	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,909	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,909	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,686	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)		6,097,735	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)		6,097,735	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)		6,097,735	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,031.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,739,851	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,739,851	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1	
				Component CCN: 14-T091		Date/Time Prepared: 8/12/2020 5:32 pm	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
43.01	NEONATAL ICU	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,539,060	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,278,911	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					131,441	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					79,608	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					211,049	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,067,862	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0091 Component CCN: 14-T091		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 8/12/2020 5:32 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	460,683	6,097,735	0.075550	0	0	90.00
91.00	Nursing School cost	0	6,097,735	0.000000	0	0	91.00
92.00	Allied health cost	0	6,097,735	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,097,735	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/12/2020 5:32 pm
		Title XIX	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)		107,489	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		107,489	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)		92,900	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		9,788	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)		10,978	15.00
16.00	Nursery days (title V or XIX only)		1,183	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)		126,753,736	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)		126,753,736	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)		126,753,736	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,179.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,542,303	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		11,542,303	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/12/2020 5:32 pm	
				Title XIX		Hospital	PPS
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00			
42.00	NURSERY (title V & XIX only)	3,943,743	10,978	359.24	1,183	424,981	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
43.01	NEONATAL ICU	16,842,961	3,519	4,786.29	379	1,814,004	43.01
44.00	CORONARY CARE UNIT	12,816,571	5,621	2,280.12	606	1,381,753	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	14,002,323	6,443	2,173.26	695	1,510,416	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					16,673,457	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					926,528	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					926,528	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					15,746,929	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					14,589	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,179.23	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					17,203,786	89.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0091		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 8/12/2020 5:32 pm	
			Title XIX		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		6,391,669	126,753,736	0.050426	17,203,786	867,518	90.00
91.00	Nursing School cost		0	126,753,736	0.000000	17,203,786	0	91.00
92.00	Allied health cost		0	126,753,736	0.000000	17,203,786	0	92.00
93.00	All other Medical Education		0	126,753,736	0.000000	17,203,786	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/12/2020 5:32 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		97,707,165		30.00
31.01	03101	NEONATAL ICU		0		31.01
32.00	03200	CORONARY CARE UNIT		10,575,120		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		12,340,177		34.00
41.00	04100	SUBPROVIDER - IRF		5,178,807		41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.313688	25,331,889	7,946,310	50.00
51.00	05100	RECOVERY ROOM	0.142199	3,212,030	456,747	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.417641	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.166961	10,833,802	1,808,822	54.00
57.00	05700	CT SCAN	0.035538	23,729,812	843,310	57.00
58.00	05800	MRI	0.075468	5,063,611	382,141	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.080157	8,862,469	710,389	59.00
60.00	06000	LABORATORY	0.085081	43,080,440	3,665,327	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.184477	5,262,307	970,775	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.097048	31,942,715	3,099,977	65.00
66.00	06600	PHYSICAL THERAPY	0.364998	7,021,789	2,562,939	66.00
69.00	06900	ELECTROCARDIOLOGY	0.087136	15,439,417	1,345,329	69.00
69.01	03650	SPECIAL PROCEDURES	0.244604	5,579,755	1,364,830	69.01
69.02	06901	CARDIAC REHAB	0.000000	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.216114	851,817	184,090	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.231878	23,646,712	5,483,152	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.225386	30,172,092	6,800,367	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.164385	42,687,198	7,017,135	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.324229	0	0	75.00
75.01	07501	WOUND CARE	0.000000	0	0	75.01
76.00	03950	ACUTE DIALYSIS	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.359951	1,095	394	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1.192525	135,514	161,604	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	340B CLINICS	0.314630	387,059	121,780	90.01
90.02	09002	HOME INFUSION	0.005858	0	0	90.02
91.00	09100	EMERGENCY	0.116095	17,643,206	2,048,288	91.00
91.01	09101	SLEEP LAB	0.171627	5,113	878	91.01
91.02	09102	BRONCH & GASTRO LAB	0.183252	4,671,949	856,144	91.02
91.03	09103	SURGICENTER	0.000000	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.164898	2,125,679	350,520	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	0	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		307,687,470	48,181,248	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00		Net charges (line 200 minus line 201)		307,687,470		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN:14-0091 Component CCN:14-T091	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/12/2020 5:32 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.01	03101 NEONATAL ICU		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
41.00	04100 SUBPROVIDER - IRF		5,117,043		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.313688	6,050	1,898	50.00
51.00	05100 RECOVERY ROOM	0.142199	6,019	856	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.417641	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.166961	146,192	24,408	54.00
57.00	05700 CT SCAN	0.035538	225,777	8,024	57.00
58.00	05800 MRI	0.075468	51,976	3,923	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.080157	5,177	415	59.00
60.00	06000 LABORATORY	0.085081	336,789	28,654	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.184477	12,106	2,233	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.097048	381,438	37,018	65.00
66.00	06600 PHYSICAL THERAPY	0.364998	3,443,955	1,257,037	66.00
69.00	06900 ELECTROCARDIOLOGY	0.087136	106,409	9,272	69.00
69.01	03650 SPECIAL PROCEDURES	0.244604	35,224	8,616	69.01
69.02	06901 CARDIAC REHAB	0.000000	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.216114	990	214	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.231878	66,519	15,424	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.225386	32,132	7,242	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.164385	693,274	113,964	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.324229	0	0	75.00
75.01	07501 WOUND CARE	0.000000	0	0	75.01
76.00	03950 ACUTE DIALYSIS	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.359951	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	1.192525	859	1,024	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 340B CLINICS	0.314630	1,261	397	90.01
90.02	09002 HOME INFUSION	0.005858	0	0	90.02
91.00	09100 EMERGENCY	0.116095	138,863	16,121	91.00
91.01	09101 SLEEP LAB	0.171627	8	1	91.01
91.02	09102 BRONCH & GASTRO LAB	0.183252	12,652	2,319	91.02
91.03	09103 SURGICENTER	0.000000	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.164898	0	0	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0.000000	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,703,670	1,539,060	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		5,703,670		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/12/2020 5:32 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)		48,443,266	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		16,628,316	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		1,453,575	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		475,501	2.04
3.00	Managed Care Simulated Payments		47,274,765	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		373.53	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)		29.04	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.		1.75	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)		27.29	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		62.95	10.00
11.00	FTE count for residents in dental and podiatric programs.		6.45	11.00
12.00	Current year allowable FTE (see instructions)		33.74	12.00
13.00	Total allowable FTE count for the prior year.		33.26	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.		33.21	14.00
15.00	Sum of lines 12 through 14 divided by 3.		33.40	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		33.40	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.089417	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.085398	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.085398	21.00
22.00	IME payment adjustment (see instructions)		2,964,401	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		2,153,649	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) .		25.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		35.66	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)		25.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.066929	26.00
27.00	IME payments adjustment factor. (see instructions)		0.017546	27.00
28.00	IME add-on adjustment amount (see instructions)		1,141,746	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		829,483	28.01
29.00	Total IME payment (sum of lines 22 and 28)		4,106,147	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		2,983,132	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.31	30.00
31.00	Percentage of Medicaid patient days (see instructions)		30.27	31.00
32.00	Sum of lines 30 and 31		35.58	32.00
33.00	Allowable disproportionate share percentage (see instructions)		18.57	33.00
34.00	Disproportionate share adjustment (see instructions)		3,020,949	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/12/2020 5:32 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		8,272,872,447	8,350,599,096
35.01	Factor 3 (see instructions)		0.000869680	0.000833011
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		7,194,752	6,956,141
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		5,381,279	1,748,537
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		7,129,816	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		81,257,570	
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)			84,240,702
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			6,114,065
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			1,631,465
53.00	Nursing and Allied Health Managed Care payment			0
54.00	Special add-on payments for new technologies			0
54.01	Islet isolation add-on payment			0
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			77,018
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			80,891
59.00	Total (sum of amounts on lines 49 through 58)			92,144,141
60.00	Primary payer payments			123,767
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			92,020,374
62.00	Deductibles billed to program beneficiaries			6,198,084
63.00	Coinurance billed to program beneficiaries			156,411
64.00	Allowable bad debts (see instructions)			1,592,073
65.00	Adjusted reimbursable bad debts (see instructions)			1,034,847
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			739,480
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			86,700,726
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)			0
70.87	Demonstration payment adjustment amount before sequestration			0
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0
70.92	Bundled Model 1 discount amount (see instructions)			0
70.93	HVBP payment adjustment amount (see instructions)			15,365
70.94	HRR adjustment amount (see instructions)			-71,866
70.95	Recovery of accelerated depreciation			0

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/12/2020 5:32 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		86,644,225	71.00	
71.01	Sequestration adjustment (see instructions)		1,732,885	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03	
72.00	Interim payments		84,785,109	72.00	
72.01	Interim payments-PARHM		0	72.01	
73.00	Tentative settlement (for contractor use only)		0	73.00	
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		126,231	74.00	
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,149,222	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	100.00	
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00	
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00	
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00	
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
8/12/2020 5:32 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	48,443,266	0	48,443,266		48,443,266
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	16,628,316	0		16,628,316	16,628,316
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					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,453,575	0	1,453,575		1,453,575
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	475,501	0		475,501	475,501
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	47,274,765	0	34,315,824	12,958,941	47,274,765
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.085398	0.085398	0.085398	0.085398	
6.00	IME payment adjustment (see instructions)	22.00	2,964,401	0	2,206,881	757,520	2,964,401
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,153,649	0	1,563,291	590,358	2,153,649
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.017546	0.017546	0.017546	0.017546	
8.00	IME adjustment (see instructions)	28.00	1,141,746	0	849,986	291,760	1,141,746
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	829,483	0	602,105	227,378	829,483
9.00	Total IME payment (sum of lines 6 and 8)	29.00	4,106,147	0	3,056,867	1,049,280	4,106,147
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,983,132	0	2,165,396	817,736	2,983,132
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1857	0.1857	0.1857	0.1857	
11.00	Disproportionate share adjustment (see instructions)	34.00	3,020,949	0	2,248,979	771,970	3,020,949
11.01	Uncompensated care payments	36.00	7,129,816	0	5,381,279	1,748,537	7,129,816
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	81,257,570	0	60,583,966	20,673,604	81,257,570
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	84,240,702	0	62,749,362	21,491,340	84,240,702

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
8/12/2020 5:32 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
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	6,114,065	0	4,558,245	1,555,820	6,114,065
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ acquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	67,307,607	23,047,160	90,354,767
		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	5,211,051	0	3,897,619	1,313,432	5,211,051
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	220,887	0	150,427	70,460	220,887
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	0.0562	0.0562	0.0562	0.0562	
23.00	Indirect medical education adjustment (see instructions)	6.00	292,861	0	219,046	73,815	292,861
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0747	0.0747	0.0747	0.0747	
25.00	Disproportionate share adjustment (see instructions)	11.00	389,266	0	291,153	98,113	389,266
26.00	Total prospective capital payments (see instructions)	12.00	6,114,065	0	4,558,245	1,555,820	6,114,065
		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: 14-0091		Period: From 01/01/2019 To 12/31/2019		Worksheet E Part A Exhibit 5 Date/Time Prepared: 8/12/2020 5:32 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	48,443,266	48,443,266		48,443,266	1.01		
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	16,628,316		16,628,316	16,628,316	1.02		
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03		
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04		
2.00	Outlier payments for discharges (see instructions)	2.00					2.00		
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01		
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,453,575	1,453,575		1,453,575	2.02		
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	475,501		475,501	475,501	2.03		
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00		
4.00	Managed care simulated payments	3.00	47,274,765	34,315,824	12,958,941	47,274,765	4.00		
Indirect Medical Education Adjustment									
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.085398	0.085398	0.085398		5.00		
6.00	IME payment adjustment (see instructions)	22.00	2,964,401	2,206,881	757,520	2,964,401	6.00		
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,153,649	1,563,291	590,358	2,153,649	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	0.017546	0.017546	0.017546		7.00		
8.00	IME adjustment (see instructions)	28.00	1,141,746	849,986	291,760	1,141,746	8.00		
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	829,483	602,105	227,378	829,483	8.01		
9.00	Total IME payment (sum of lines 6 and 8)	29.00	4,106,147	3,056,867	1,049,280	4,106,147	9.00		
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,983,132	2,165,396	817,736	2,983,132	9.01		
Disproportionate Share Adjustment									
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1857	0.1857	0.1857		10.00		
11.00	Disproportionate share adjustment (see instructions)	34.00	3,020,949	2,248,979	771,970	3,020,949	11.00		
11.01	Uncompensated care payments	36.00	7,129,816	5,381,279	1,748,537	7,129,816	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	81,257,570	60,583,966	20,673,604	81,257,570	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	84,240,702	62,749,362	21,491,340	84,240,702	15.00		
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	6,114,065	4,558,245	1,555,820	6,114,065	16.00		
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00		
17.01	Net organ acquisition cost						17.01		
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02		
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00		
19.00	SUBTOTAL			67,307,607	23,047,160	90,354,767	19.00		

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5			Provider CCN: 14-0091		Period: From 01/01/2019 To 12/31/2019		Worksheet E Part A Exhibit 5 Date/Time Prepared: 8/12/2020 5:32 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	5,211,051	3,897,619	1,313,432	5,211,051	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	220,887	150,427	70,460	220,887	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	0.0562	0.0562	0.0562		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	292,861	219,046	73,815	292,861	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0747	0.0747	0.0747		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	389,266	291,153	98,113	389,266	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	6,114,065	4,558,245	1,555,820	6,114,065	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	15,365	59,941	-44,576	15,365	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	-71,866	-43,599	-28,267	-71,866	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:14-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 8/12/2020 5:32 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		57,864	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		56,648,250	2.00
3.00	OPPS payments		57,704,336	3.00
4.00	Outlier payment (see instructions)		337,206	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		58,017	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		57,864	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		209,768	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)		209,768	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)		209,768	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		151,904	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)		57,864	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)		58,099,559	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		133	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		11,106,125	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)		47,051,165	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,024,152	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)		48,075,317	30.00
31.00	Primary payer payments		15,508	31.00
32.00	Subtotal (line 30 minus line 31)		48,059,809	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		2,477,709	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,610,511	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		951,691	36.00
37.00	Subtotal (see instructions)		49,670,320	37.00
38.00	MSP-LCC reconciliation amount from PS&R		7	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		49,670,313	40.00
40.01	Sequestration adjustment (see instructions)		993,406	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		48,149,845	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		527,062	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 8/12/2020 5:32 pm
		Component CCN:14-T091		
		Title XVIII	Subprovider - IRF	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		44	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		142	2.00
3.00	OPPS payments		140	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		44	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		139	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)		139	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)		139	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		95	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)		44	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)		140	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	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)		184	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		184	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		184	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		184	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		184	40.00
40.01	Sequestration adjustment (see instructions)		4	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03	
41.00	Interim payments		174	41.00
41.01	Interim payments-PARHM		41.01	
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01	
43.00	Balance due provider/program (see instructions)		6	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01	
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
8/12/2020 5:32 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		85,162,377		48,369,908	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	08/06/2019	377,268	08/06/2019	220,063	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)		-377,268		-220,063	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)		84,785,109		48,149,845	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		126,231		527,062	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		84,911,340		48,676,907	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0091 Component CCN: 14-T091	Period: From 01/01/2019 To 12/31/2019	Worksheet E-1 Part I Date/Time Prepared: 8/12/2020 5:32 pm	
		Title XVIII	Subprovider - IRF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				
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		2,579,859		174
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,579,859		174
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		5,948		6
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		2,585,807		180
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0091 Component CCN: 14-T091	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part III Date/Time Prepared: 8/12/2020 5:32 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,117,149 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0102 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			179,323 3.00
4.00	Outlier Payments			392,028 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			16.189041 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,688,500 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,688,500 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,688,500 19.00
20.00	Deductibles			5,456 20.00
21.00	Subtotal (line 19 minus line 20)			2,683,044 21.00
22.00	Coinsurance			61,039 22.00
23.00	Subtotal (line 21 minus line 22)			2,622,005 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			25,108 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			16,320 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			11,127 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,638,325 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			254 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,638,579 32.00
32.01	Sequestration adjustment (see instructions)			52,772 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,579,859 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			5,948 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			392,028 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 8/12/2020 5:32 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.			28.35	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			0.85	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)			27.50	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			62.95	6.00
7.00	Enter the lesser of line 5 or line 6			27.50	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.	50.45	11.96	62.41	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.	22.04	5.22	27.26	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		5.97		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		6.45		10.01
11.00	Total weighted FTE count	22.04	11.19		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	22.36	10.43		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	21.61	11.13		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	22.00	10.92		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	22.00	10.92		17.00
18.00	Per resident amount	89,457.60	89,457.60		18.00
19.00	Approved amount for resident costs	1,968,067	976,877	2,944,944	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)			25.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			35.45	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			24.79	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			105,410.87	23.00
24.00	Multiply line 22 time line 23			2,613,135	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			5,558,079	25.00
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	34,703	24,093		26.00
27.00	Total Inpatient Days (see instructions)	115,932	115,932		27.00
28.00	Ratio of inpatient days to total inpatient days	0.299339	0.207820		28.00
29.00	Program direct GME amount	1,663,750	1,155,080	2,818,830	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		163,213	163,213	30.00
31.00	Net Program direct GME amount			2,655,617	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 8/12/2020 5:32 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			90,523,223	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)			123,767	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			90,399,456	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			56,764,317	42.00
43.00	Primary payer payments (see instructions)			16,120	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			56,748,197	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			147,147,653	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.614345	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.385655	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			2,655,617	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			1,631,465	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			1,024,152	50.00

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

Provider CCN: 14-0091

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

Worksheet G

Date/Time Prepared:
8/12/2020 5:32 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	-12,744,068	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	145,469,142	0	0	0	4.00
5.00	Other receivable	9,931,737	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-58,429,967	0	0	0	6.00
7.00	Inventory	9,567,666	0	0	0	7.00
8.00	Prepaid expenses	9,336,180	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	103,130,690	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	652,707	0	0	0	13.00
14.00	Accumulated depreciation	-629,636	0	0	0	14.00
15.00	Buildings	3,185,448	0	0	0	15.00
16.00	Accumulated depreciation	-125,070	0	0	0	16.00
17.00	Leasehold improvements	1,063,333	0	0	0	17.00
18.00	Accumulated depreciation	-669,026	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	717,028	0	0	0	21.00
22.00	Accumulated depreciation	-252,922	0	0	0	22.00
23.00	Major movable equipment	207,948,209	0	0	0	23.00
24.00	Accumulated depreciation	-136,237,782	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	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	75,652,289	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,726,813	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,726,813	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	180,509,792	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	25,090,825	0	0	0	37.00
38.00	Salaries, wages, and fees payable	45,189,186	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	416,399	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	-98,261,416	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-27,565,006	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,037,992	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,037,992	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-26,527,014	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	207,036,806	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	207,036,806	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	180,509,792	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0091

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

Worksheet G-1

Date/Time Prepared:
8/12/2020 5:32 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		291,681,760		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		173,732,876				2.00
3.00	Total (sum of line 1 and line 2)		465,414,636		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		465,414,636		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	AFFILIATES	258,377,830		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)		258,377,830		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		207,036,806		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	AFFILIATES		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: 14-0091

Period:
From 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
8/12/2020 5:32 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	347,357,491		347,357,491	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	18,504,325		18,504,325	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	365,861,816		365,861,816	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
11.01	NEONATAL ICU	12,373,481		12,373,481	11.01
12.00	CORONARY CARE UNIT	37,019,851		37,019,851	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	43,589,725		43,589,725	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	92,983,057		92,983,057	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	458,844,873		458,844,873	17.00
18.00	Ancillary services	994,487,573	1,197,997,413	2,192,484,986	18.00
19.00	Outpatient services	78,379,490	837,476,777	915,856,267	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		2,262,410	2,262,410	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	12,135,839	12,135,839	26.00
27.00	OTHER PATIENT REVENUE	20,342,644	339,044,667	359,387,311	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,552,054,580	2,388,917,106	3,940,971,686	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		849,107,831		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)		849,107,831		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0091

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

Worksheet G-3

Date/Time Prepared:
8/12/2020 5:32 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,940,971,686	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,931,500,745	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,009,470,941	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	849,107,831	4.00
5.00	Net income from service to patients (line 3 minus line 4)	160,363,110	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	169,825	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	3,016	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	13,196,925	24.00
25.00	Total other income (sum of lines 6-24)	13,369,766	25.00
26.00	Total (line 5 plus line 25)	173,732,876	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	173,732,876	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0091

Period:

Worksheet H

HHA CCN: 14-7241

From 01/01/2019

Date/Time Prepared:

To 12/31/2019

8/12/2020 5:32 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	0
4.00 Transportation	0	0	0	0	0	0
5.00 Administrative and General	1,166,427	282,387	20,162	254,113	1,021,532	2,744,621
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	2,162,130	565,069	142,374	127,431	7,598	3,004,602
7.00 Physical Therapy	1,533,241	353,513	143,334	0	21,218	2,051,306
8.00 Occupational Therapy	516,346	134,854	62,040	0	6,875	720,115
9.00 Speech Pathology	222,315	60,615	31,276	0	1,250	315,456
10.00 Medical Social Services	12,211	3,256	5,371	0	0	20,838
11.00 Home Health Aide	72,903	31,507	22,753	0	0	127,163
12.00 Supplies (see instructions)	0	0	0	0	125,805	125,805
13.00 Drugs	0	0	0	0	164	164
14.00 DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00 Home Dialysis Aide Services	0	0	0	0	0	0
16.00 Respiratory Therapy	0	0	0	0	0	0
17.00 Private Duty Nursing	0	0	0	0	0	0
18.00 Clinic	0	0	0	0	0	0
19.00 Health Promotion Activities	0	0	0	0	0	0
20.00 Day Care Program	0	0	0	0	0	0
21.00 Home Delivered Meals Program	0	0	0	0	0	0
22.00 Homemaker Service	0	0	0	0	0	0
23.00 All Others (specify)	0	0	0	0	0	0
23.50 Telemedicine	0	0	0	0	0	0
24.00 Total (sum of lines 1-23)	5,685,573	1,431,201	427,310	381,544	1,184,442	9,110,070
	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	-1,276,267	1,468,354	-49,946	1,418,408		5.00
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	0	3,004,602	0	3,004,602		6.00
7.00 Physical Therapy	0	2,051,306	0	2,051,306		7.00
8.00 Occupational Therapy	0	720,115	0	720,115		8.00
9.00 Speech Pathology	0	315,456	0	315,456		9.00
10.00 Medical Social Services	0	20,838	0	20,838		10.00
11.00 Home Health Aide	0	127,163	0	127,163		11.00
12.00 Supplies (see instructions)	-125,805	0	0	0		12.00
13.00 Drugs	0	164	0	164		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)	-1,402,072	7,707,998	-49,946	7,658,052		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: 14-0091

Period:

Worksheet H-1

HHA CCN: 14-7241

From 01/01/2019

Part I

To 12/31/2019

Date/Time Prepared:

8/12/2020 5:32 pm

Home Health

PPS

Agency I

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportatio n	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	1,418,408	0	0	0	0	1,418,408	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	3,004,602	0	0	0	0	3,004,602	6.00
7.00	Physical Therapy	2,051,306	0	0	0	0	2,051,306	7.00
8.00	Occupational Therapy	720,115	0	0	0	0	720,115	8.00
9.00	Speech Pathology	315,456	0	0	0	0	315,456	9.00
10.00	Medical Social Services	20,838	0	0	0	0	20,838	10.00
11.00	Home Health Aide	127,163	0	0	0	0	127,163	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	164	0	0	0	0	164	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)	7,658,052	0	0	0	0	7,658,052	24.00
		Administrativ e & 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	1,418,408						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	683,012	3,687,614					6.00
7.00	Physical Therapy	466,307	2,517,613					7.00
8.00	Occupational Therapy	163,698	883,813					8.00
9.00	Speech Pathology	71,710	387,166					9.00
10.00	Medical Social Services	4,737	25,575					10.00
11.00	Home Health Aide	28,907	156,070					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	37	201					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)		7,658,052					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0091

Period:

Worksheet H-1

HHA CCN: 14-7241

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/12/2020 5:32 pmHome Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportatio n (MILEAGE)	Reconciliatio n	Administrativ e & 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	-1,418,408	6,239,644	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	3,004,602	6.00
7.00	Physical Therapy	0	0	0	0	0	2,051,306	7.00
8.00	Occupational Therapy	0	0	0	0	0	720,115	8.00
9.00	Speech Pathology	0	0	0	0	0	315,456	9.00
10.00	Medical Social Services	0	0	0	0	0	20,838	10.00
11.00	Home Health Aide	0	0	0	0	0	127,163	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0		0	164	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,418,408	6,239,644	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,418,408	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.227322	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0091

Period:

Worksheet H-2

HHA CCN: 14-7241

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/12/2020 5:32 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT TELEPHONE	DATA PROCESSING	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	5.01	5.02	
1.00	Administrative and General	0	0	128,015	20,392	0	0	1.00
2.00	Skilled Nursing Care	3,687,614	0	0	37,891	0	0	2.00
3.00	Physical Therapy	2,517,613	0	0	27,006	0	0	3.00
4.00	Occupational Therapy	883,813	0	0	9,138	0	0	4.00
5.00	Speech Pathology	387,166	0	0	3,904	0	0	5.00
6.00	Medical Social Services	25,575	0	0	213	0	0	6.00
7.00	Home Health Aide	156,070	0	0	1,273	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	201	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)	7,658,052	0	128,015	99,817	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		FOUNDATION OVERHEAD	ADMITTING	SHARED ADMINISTRATIV E & GENERAL	Subtotal	OTHER ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS	
		5.03	5.04	5.05	5A.05	5.06	6.00	
1.00	Administrative and General	0	4,516	0	152,923	59,149	0	1.00
2.00	Skilled Nursing Care	0	0	0	3,725,505	1,440,981	0	2.00
3.00	Physical Therapy	0	0	0	2,544,619	984,228	0	3.00
4.00	Occupational Therapy	0	0	0	892,951	345,383	0	4.00
5.00	Speech Pathology	0	0	0	391,070	151,261	0	5.00
6.00	Medical Social Services	0	0	0	25,788	9,974	0	6.00
7.00	Home Health Aide	0	0	0	157,343	60,858	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	201	78	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	4,516	0	7,890,400	3,051,912	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0091

Period:

Worksheet H-2

HHA CCN: 14-7241

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/12/2020 5:32 pmHome Health
Agency I

PPS

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		7.00	8.00	9.00	10.00	11.00	12.00	
1.00	Administrative and General	73,077	0	32,058	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)	73,077	0	32,058	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		NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	0	29	5,233	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	29	5,233	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: 14-0091

Period:

Worksheet H-2

HHA CCN: 14-7241

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/12/2020 5:32 pmHome Health
Agency I

PPS

Cost Center Description		INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM-RX RESIDENT				
		21.00	22.00	23.00				
1.00	Administrative and General	0	0	0	322,469	0	322,469	1.00
2.00	Skilled Nursing Care	0	0	0	5,166,486	0	5,166,486	2.00
3.00	Physical Therapy	0	0	0	3,528,847	0	3,528,847	3.00
4.00	Occupational Therapy	0	0	0	1,238,334	0	1,238,334	4.00
5.00	Speech Pathology	0	0	0	542,331	0	542,331	5.00
6.00	Medical Social Services	0	0	0	35,762	0	35,762	6.00
7.00	Home Health Aide	0	0	0	218,201	0	218,201	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	279	0	279	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	11,052,709	0	11,052,709	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs					
		27.00	28.00					
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	155,268	5,321,754					2.00
3.00	Physical Therapy	106,049	3,634,896					3.00
4.00	Occupational Therapy	37,214	1,275,548					4.00
5.00	Speech Pathology	16,298	558,629					5.00
6.00	Medical Social Services	1,075	36,837					6.00
7.00	Home Health Aide	6,557	224,758					7.00
8.00	Supplies (see instructions)	0	0					8.00
9.00	Drugs	8	287					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
19.50	Telemedicine	0	0					19.50
20.00	Total (sum of lines 1-19) (2)	322,469	11,052,709					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.	0.030052						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: 14-0091

Period:

Worksheet H-2

HHA CCN: 14-7241

From 01/01/2019

Part II

To 12/31/2019

Date/Time Prepared:
8/12/2020 5:32 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON-PATIENT TELEPHONE (PHONE INST R)	DATA PROCESSING (INVOICES)	FOUNDATION OVERHEAD (TOTAL COST)	
		BLDG & FIXT (SQ FEET FE ET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5.01	5.02	5.03	
1.00	Administrative and General	2,687	127,524	1,167,677	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	2,169,630	0	0	0	2.00
3.00	Physical Therapy	0	0	1,546,366	0	0	0	3.00
4.00	Occupational Therapy	0	0	523,221	0	0	0	4.00
5.00	Speech Pathology	0	0	223,565	0	0	0	5.00
6.00	Medical Social Services	0	0	12,211	0	0	0	6.00
7.00	Home Health Aide	0	0	72,903	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)	2,687	127,524	5,715,573	0	0	0	20.00
21.00	Total cost to be allocated	0	128,015	99,817	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	1.003850	0.017464	0.000000	0.000000	0.000000	22.00
Cost Center Description		ADMITTING (GROSS REVENUE)	SHARED ADMINISTRATIVE & GENERAL (TOTAL COST)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	6.00	7.00	
1.00	Administrative and General	2,262,410	0	0	152,923	2,687	2,687	1.00
2.00	Skilled Nursing Care	0	0	0	3,725,505	0	0	2.00
3.00	Physical Therapy	0	0	0	2,544,619	0	0	3.00
4.00	Occupational Therapy	0	0	0	892,951	0	0	4.00
5.00	Speech Pathology	0	0	0	391,070	0	0	5.00
6.00	Medical Social Services	0	0	0	25,788	0	0	6.00
7.00	Home Health Aide	0	0	0	157,343	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	201	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)	2,262,410	0	0	7,890,400	2,687	2,687	20.00
21.00	Total cost to be allocated	4,516	0	0	3,051,912	0	73,077	21.00
22.00	Unit cost multiplier	0.001996	0.000000	0	0.386788	0.000000	27.196502	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0091

Period:

Worksheet H-2

HHA CCN: 14-7241

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/12/2020 5:32 pmHome Health
Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES NRSIN G HRS)	
		8.00	9.00	10.00	11.00	12.00	13.00	
1.00	Administrative and General	0	2,687	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	2,687	0	0	0	0	20.00
21.00	Total cost to be allocated	0	32,058	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	11.930778	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	19.00	21.00	
1.00	Administrative and General	0	164	2,262,410	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	164	2,262,410	0	0	0	20.00
21.00	Total cost to be allocated	0	29	5,233	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.176829	0.002313	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0091

Period:

Worksheet H-2

HHA CCN: 14-7241

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/12/2020 5:32 pmHome Health
Agency I

PPS

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM-RX RESIDENT (ASSIGNED TIME)		
		SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)			
		22.00			
1.00	Administrative and General	0	0		1.00
2.00	Skilled Nursing Care	0	0		2.00
3.00	Physical Therapy	0	0		3.00
4.00	Occupational Therapy	0	0		4.00
5.00	Speech Pathology	0	0		5.00
6.00	Medical Social Services	0	0		6.00
7.00	Home Health Aide	0	0		7.00
8.00	Supplies (see instructions)	0	0		8.00
9.00	Drugs	0	0		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	0	0		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	0	0		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	0	0		18.00
19.00	All Others (specify)	0	0		19.00
19.50	Telemedicine	0	0		19.50
20.00	Total (sum of lines 1-19)	0	0		20.00
21.00	Total cost to be allocated	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet H-3

HHA CCN: 14-7241

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/12/2020 5:32 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	5,321,754		5,321,754	14,109	377.19	1.00	
2.00	Physical Therapy	3.00	3,634,896	0	3,634,896	13,239	274.56	2.00	
3.00	Occupational Therapy	4.00	1,275,548	0	1,275,548	4,783	266.68	3.00	
4.00	Speech Pathology	5.00	558,629	0	558,629	1,797	310.87	4.00	
5.00	Medical Social Services	6.00	36,837		36,837	116	317.56	5.00	
6.00	Home Health Aide	7.00	224,758		224,758	1,648	136.38	6.00	
7.00	Total (sum of lines 1-6)		11,052,422	0	11,052,422	35,692		7.00	
Cost Center Description			CBSA No. (1)	Program Visits					
				Part A	Part B				
		Cost Limits			Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
							0	1.00	2.00
	Limitation Cost Computation								
8.00	Skilled Nursing Care		14010	0	32			8.00	
8.01	Skilled Nursing Care		16580	0	2,307			8.01	
8.02	Skilled Nursing Care		19180	0	1,063			8.02	
8.03	Skilled Nursing Care		19500	0	9			8.03	
8.04	Skilled Nursing Care		99914	0	1,329			8.04	
9.00	Physical Therapy		14010	0	18			9.00	
9.01	Physical Therapy		16580	0	2,512			9.01	
9.02	Physical Therapy		19180	0	1,209			9.02	
9.03	Physical Therapy		19500	0	6			9.03	
9.04	Physical Therapy		99914	0	942			9.04	
10.00	Occupational Therapy		14010	0	3			10.00	
10.01	Occupational Therapy		16580	0	970			10.01	
10.02	Occupational Therapy		19180	0	419			10.02	
10.03	Occupational Therapy		19500	0	1			10.03	
10.04	Occupational Therapy		99914	0	325			10.04	
11.00	Speech Pathology		14010	0	0			11.00	
11.01	Speech Pathology		16580	0	307			11.01	
11.02	Speech Pathology		19180	0	61			11.02	
11.03	Speech Pathology		19500	0	0			11.03	
11.04	Speech Pathology		99914	0	44			11.04	
12.00	Medical Social Services		14010	0	0			12.00	
12.01	Medical Social Services		16580	0	32			12.01	
12.02	Medical Social Services		19180	0	11			12.02	
12.03	Medical Social Services		19500	0	0			12.03	
12.04	Medical Social Services		99914	0	4			12.04	
13.00	Home Health Aide		14010	0	1			13.00	
13.01	Home Health Aide		16580	0	352			13.01	
13.02	Home Health Aide		19180	0	113			13.02	
13.03	Home Health Aide		19500	0	0			13.03	
13.04	Home Health Aide		99914	0	331			13.04	
14.00	Total (sum of lines 8-13)			0	12,401			14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet H-3

HHA CCN: 14-7241

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/12/2020 5:32 pm

				Title XVIII		Home Health Agency I	8/12/2020 5:32 PM 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	0	0	0	0.000000	15.00	
16.00	Cost of Drugs	9.00	287	0	287	0	0.000000	16.00	
Cost Center Description		Program Visits			Cost of Services				
		Part B							
		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
			6.00	7.00		8.00	9.00	10.00	11.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	0	4,740		0	1,787,881		1.00	
2.00	Physical Therapy	0	4,687		0	1,286,863		2.00	
3.00	Occupational Therapy	0	1,718		0	458,156		3.00	
4.00	Speech Pathology	0	412		0	128,078		4.00	
5.00	Medical Social Services	0	47		0	14,925		5.00	
6.00	Home Health Aide	0	797		0	108,695		6.00	
7.00	Total (sum of lines 1-6)	0	12,401		0	3,784,598		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	
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	
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	
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	
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	
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	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet H-3

HHA CCN: 14-7241

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/12/2020 5:32 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Covered Charges			Cost of Services	Agency 1			
		Part A	Part B		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6.00	7.00	8.00	9.00	10.00	11.00		
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	0	106,731	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	1,787,881						1.00	
2.00	Physical Therapy	1,286,863						2.00	
3.00	Occupational Therapy	458,156						3.00	
4.00	Speech Pathology	128,078						4.00	
5.00	Medical Social Services	14,925						5.00	
6.00	Home Health Aide	108,695						6.00	
7.00	Total (sum of lines 1-6)	3,784,598						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	
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	
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	
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	
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	
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	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet H-3

HHA CCN: 14-7241

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/12/2020 5:32 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	0.364889	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	0.231878	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.164385	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0091 HHA CCN: 14-7241	Period: From 01/01/2019 To 12/31/2019	Worksheet H-4 Part I-II Date/Time Prepared: 8/12/2020 5:32 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	612	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)	0	-612	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	2,708,965	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	60,939	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	85,729	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	20,715	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	13,922	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	206	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	2,889,864	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	2,889,864	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	2,889,864	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	2,889,864	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	2,889,864	31.00
31.01	Sequestration adjustment (see instructions)	0	57,796	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
32.00	Interim payments (see instructions)	0	2,832,068	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: 14-0091

Period:

Worksheet H-5

HHA CCN: 14-7241

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/12/2020 5:32 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		2,832,068	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,832,068	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		2,832,068	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: 14-0091

Period:

Worksheet 0

Hospice CCN: 14-1526

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/12/2020 5:32 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*	448,154	4,198,671	4,646,825	-876,374	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	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	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	13.00
14.00	PHARMACY*	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	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	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	1,340,627	442,292	1,782,919	0	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**	166,238	60,742	226,980	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	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 & HOMEMAKER SERVICES**	253,098	150,725	403,823	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	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	0	0	0	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 *	46,499	13,905	60,404	0	60.00
61.00	VOLUNTEER PROGRAM *	37,313	10,048	47,361	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	2,291,929	4,876,383	7,168,312	-876,374	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0091

Period:

Worksheet 0

Hospice CCN: 14-1526

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/12/2020 5:32 pm

Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		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*	-24,387	3,746,064	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	1,782,919	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	226,980	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 & HOMEMAKER SERVICES**	0	403,823	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
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	60,404	60.00
61.00	VOLUNTEER PROGRAM *	0	47,361	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	-24,387	6,267,551	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: 14-0091

Period:

Worksheet 0-2

Hospice CCN: 14-1526

From 01/01/2019

Date/Time Prepared:

To 12/31/2019

8/12/2020 5:32 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	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,320,270	435,576	1,755,846	0	1,755,846	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	163,714	59,819	223,533	0	223,533	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	249,255	148,437	397,692	0	397,692	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 *	1,733,239	643,832	2,377,071	0	2,377,071	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	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,755,846	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	223,533	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	397,692	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	2,377,071	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: 14-0091

Period:

Worksheet 0-3

Hospice CCN: 14-1526

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/12/2020 5:32 pm

				Hospice I		07/12/2020 03:02 PM	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		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	2,395	790	3,185	0	3,185	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	297	109	406	0	406	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 & HOMEMAKER SERVICES	452	269	721	0	721	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 *	3,144	1,168	4,312	0	4,312	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	3,185	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	406	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 & HOMEMAKER SERVICES	0	721	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	4,312	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: 14-0091

Period:

Worksheet 0-4

Hospice CCN: 14-1526

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/12/2020 5:32 pm

				Hospice I		07/12/2020 03:02 PM	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		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	17,962	5,926	23,888	0	23,888	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	2,227	814	3,041	0	3,041	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	3,391	2,019	5,410	0	5,410	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 *	23,580	8,759	32,339	0	32,339	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	23,888	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	3,041	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	5,410	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	32,339	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: 14-0091

Period:

Worksheet 0-5

Hospice CCN: 14-1526

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/12/2020 5:32 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	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	48,584	48,584	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	40,301	40,301	3.00
4.00	ADMINISTRATIVE & GENERAL	3,746,064	2,492,185	6,238,249	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	59,044	59,044	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	25,902	25,902	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	10.00
11.00	MEDICAL RECORDS	0	28,070	28,070	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	60,837	60,837	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	2,377,071	0	2,377,071	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	4,312	0	4,312	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	32,339	0	32,339	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	60,404	0	60,404	60.00
61.00	VOLUNTEER PROGRAM	47,361	0	47,361	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	6,267,551	2,754,923	9,022,474	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet 0-6

Hospice CCN: 14-1526

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/12/2020 5:32 pm

Descriptions		TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	48,584		48,584			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	40,301	0	0	40,301		3.00
4.00	ADMINISTRATIVE & GENERAL	6,238,249	0	48,584	33,951	6,320,784	4.00
5.00	PLANT OPERATION & MAINTENANCE	59,044	0	0	0	59,044	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	25,902	0	0	0	25,902	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	28,070	0	0	0	28,070	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	60,837	0	0	0	60,837	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	2,377,071			0	2,377,071	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	4,312	0	0	0	4,312	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	32,339	0	0	0	32,339	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	60,404	0	0	3,523	63,927	60.00
61.00	VOLUNTEER PROGRAM	47,361	0	0	2,827	50,188	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	9,022,474	0	48,584	40,301	9,022,474	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS				Provider CCN: 14-0091 Hospice CCN: 14-1526		Period: From 01/01/2019 To 12/31/2019		Worksheet 0-6 Part I Date/Time Prepared: 8/12/2020 5:32 pm	
Descriptions				ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	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	6,320,784							4.00
5.00	PLANT OPERATION & MAINTENANCE	138,137	197,181						5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0				6.00
7.00	HOUSEKEEPING	60,599	1,998				88,499		7.00
8.00	DIETARY	0	0				0	0	8.00
9.00	NURSING ADMINISTRATION	0	0				0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0				0		10.00
11.00	MEDICAL RECORDS	65,672	15,804				7,166		11.00
12.00	STAFF TRANSPORTATION	0	0				0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0				0		13.00
14.00	PHARMACY	142,332	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	5,561,318							51.00
52.00	HOSPICE INPATIENT RESPITE CARE	10,088	0		0		0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	75,659	0		0		0	0	53.00
NONREIMBURSABLE COST CENTERS									
60.00	BEREAVEMENT PROGRAM	149,561	99,544				45,134		60.00
61.00	VOLUNTEER PROGRAM	117,418	79,835				36,199		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		99.00
100.00	TOTAL	6,320,784	197,181		0		88,499	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet 0-6

Hospice CCN: 14-1526

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/12/2020 5:32 pm

Descriptions		Hospice I					
		NURSING ADMINISTRATIO N	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATIO N	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0				10.00
11.00	MEDICAL RECORDS	0		116,712			11.00
12.00	STAFF TRANSPORTATION	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						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	114,940	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	208	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	1,564	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	0	116,712	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0091

Period:

Worksheet 0-6

Hospice CCN: 14-1526

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/12/2020 5:32 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	203,169					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	203,169	0	0		8,256,498	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	14,608	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	109,562	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		358,166	60.00
61.00	VOLUNTEER PROGRAM	0		0		283,640	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	203,169	0	0	0	9,022,474	100.00

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

Provider CCN: 14-0091

Hospice CCN: 14-1526

Period:
From 01/01/2019
To 12/31/2019Worksheet 0-6
Part II
Date/Time Prepared:
8/12/2020 5:32 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATIO N	ADMINISTRATIV E & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		48,398				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	531,966			3.00
4.00	ADMINISTRATIVE & GENERAL	0	48,398	448,154	-6,320,784	2,701,690	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	59,044	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	25,902	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	28,070	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	60,837	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	2,377,071	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	4,312	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	32,339	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	46,499	0	63,927	60.00
61.00	VOLUNTEER PROGRAM	0	0	37,313	0	50,188	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)	0	48,584	40,301		6,320,784	100.00
101.00	UNIT COST MULTIPLIER	0.000000	1.003843	0.075759		2.339567	101.00

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

Provider CCN: 14-0091

Period:

Worksheet 0-6

Hospice CCN: 14-1526

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/12/2020 5:32 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 ADMINISTRATIO N (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	2,171					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	22		2,149			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	174		174		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	1,096		1,096		0	60.00
61.00	VOLUNTEER PROGRAM	879		879		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)	197,181	0	88,499	0	0	100.00
101.00	UNIT COST MULTIPLIER	90.824965	0.000000	41.181480	0.000000	0.000000	101.00

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

Provider CCN: 14-0091

Period:

Worksheet 0-6

Hospice CCN: 14-1526

From 01/01/2019
To 12/31/2019

Part II
Date/Time Prepared:
8/12/2020 5:32 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	0					10.00
11.00	MEDICAL RECORDS		43,663				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	2,317	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	0	43,000	0	0	2,317	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	78	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	585	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	116,712	0	0	203,169	100.00
101.00	UNIT COST MULTIPLIER	0.000000	2.673018	0.000000	0.000000	87.686232	101.00

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

Provider CCN: 14-0091

Period:

Worksheet 0-6

Hospice CCN: 14-1526

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/12/2020 5:32 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		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000		101.00

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

Provider CCN: 14-0091

Period:

Worksheet 0-7

Hospice CCN: 14-1526

From 01/01/2019
To 12/31/2019

Date/Time Prepared:
8/12/2020 5:32 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	
				2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS		0	1.00	2.00	3.00	4.00	
1.00	PHYSICAL THERAPY	66.00	0.364889	0	10,075,597	23,697	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	0.164385	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.085064	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.231878	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	ACUTE DIALYSIS	76.00	0.000000	0	0	0	10.00
10.97	CARDIAC REHABILITATION	76.97	0.359951	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	1.192525	0	0	0	10.98
10.99	LITHOTRIPSY	76.99	0.000000	0	0	0	10.99
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	773,439	0	3,676,475	8,647	282,219	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						9.00
10.00	ACUTE DIALYSIS	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
10.99	LITHOTRIPSY	0	0	0	0	0	10.99
11.00	Totals (sum of lines 1-11)		0	3,676,475	8,647	282,219	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0091

Period:

Worksheet 0-8

Hospice CCN: 14-1526

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/12/2020 5:32 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)			11,932,973	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			43,000	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			277.51	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	36,602	2,372		9.00
10.00	Program cost (line 8 times line 9)	10,157,421	658,254		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)			23,255	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			78	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			298.14	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	78	0		14.00
15.00	Program cost (line 13 times line 14)	23,255	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)			391,781	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			585	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			669.71	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	583	2		19.00
20.00	Program cost (line 18 times line 19)	390,441	1,339		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			12,348,009	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			43,663	22.00
23.00	Average cost per diem (line 21 divided by line 22)			282.80	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0091	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 8/12/2020 5:32 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,211,051	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		220,887	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)		301.43	3.00
4.00	Number of interns & residents (see instructions)		58.40	4.00
5.00	Indirect medical education percentage (see instructions)		5.62	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)		292,861	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.31	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		30.27	8.00
9.00	Sum of lines 7 and 8		35.58	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.47	10.00
11.00	Disproportionate share adjustment (see instructions)		389,266	11.00
12.00	Total prospective capital payments (see instructions)		6,114,065	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