

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0122	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 7/15/2020 1:25 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 7/15/2020	Time: 1:25 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVENTIST HINSDALE HOSPITAL (14-0122) 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) SHASHA CHEN

Officer or Administrator of Provider(s)

VP/CFO

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	526,869	49,538	0	0	1.00
2.00	Subprovider - IPF	0	7,352	-82		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	534,221	49,456	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: 14-0122		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 7/15/2020 1:25 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 120 NORTH OAK STREET			PO Box:				1.00			
2.00	City: HINSDALE			State: IL		Zip Code: 60521-		County: DUPAGE			
		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		ADVENTIST HINSDALE HOSPITAL	140122	16974	1	07/01/1966	N	P	O	
4.00	Subprovider - IPF		HINSDALE HOSPITAL PSYCH SUB	14S122	16974	4	01/01/1984	N	P	O	
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA		HEALTH CARE AT HOME	147207	16974		01/01/1994	N	P	N	
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice		ST THOMAS HOSPICE	141507	16974		01/01/2004				
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2019		12/31/2019		20.00
21.00	Type of Control (see instructions)						1				21.00
						1.00	2.00	3.00			
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	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		Y		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.					3	N				23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			927	2,126	7	28	4,700	128		24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
7/15/2020 1:25 pm

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
					Urban/Rural S	Date of Geogr	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no 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	
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
				1.00	2.00	3.00	
60.00 Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.					N		60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
7/15/2020 1:25 pm

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

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To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))				
	1.00	2.00	3.00	4.00	5.00				
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	1.33	27.27	0.046503	65.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))				
			1.00	2.00	3.00				
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00		
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))				
	1.00	2.00	3.00	4.00	5.00				
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	0.52	26.80	0.019034	67.00		
			1.00	2.00	3.00				
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					Y		70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					N	N	0	71.00
	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)							0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0122	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 7/15/2020 1:25 pm	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			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	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0122	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 7/15/2020 1:25 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	2,588,718	0	0118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	Y		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HF8013	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0122		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 7/15/2020 1:25 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: ADVENTHEALTH		Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 09001		141.00		
142.00	Street: 900 HOPE WAY		PO Box:				142.00		
143.00	City: ALTAMONTE SPRINGS		State: FL		Zip Code: 32714		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
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
				Name	County	State	Zip Code	CBSA	FTE/Campus
				0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								0.00
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00	
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N		0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0122	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 7/15/2020 1:25 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N		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.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
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	05/04/2020	Y 05/04/2020
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
7/15/2020 1:25 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?		Y		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.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ANNE	LITTLE		41.00
42.00	Enter the employer/company name of the cost report preparer.	AMITA			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847-813-3721	ANNE.LITTLE@AMITAHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0122	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 7/15/2020 1:25 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 OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
7/15/2020 1:25 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	186	67,890	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)		186	67,890	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	58	21,170	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		244	89,060	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	17	6,205		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		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
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)		261				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		10	3,650			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: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
7/15/2020 1:25 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)	13,672	972	34,981			1.00
2.00	HMO and other (see instructions)	4,451	4,828				2.00
3.00	HMO IPF Subprovider	196	938				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	13,672	972	34,981			7.00
8.00	INTENSIVE CARE UNIT	1,446	1,706	7,271			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		397	5,368			13.00
14.00	Total (see instructions)	15,118	3,075	47,620	27.32	1,700.29	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	531	301	4,625	0.00	45.55	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	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	27,608	0	40,342	0.00	23.59	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	32,793	0	34,936	0.00	31.97	24.00
24.10	HOSPICE (non-distinct part)			478			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				27.32	1,801.40	27.00
28.00	Observation Bed Days		79	3,751			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)	2	13	777			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			1,320			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: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
7/15/2020 1:25 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	3,466	230	10,991	1.00
2.00 HMO and other (see instructions)			847	982		2.00
3.00 HMO IPF Subprovider				177		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,466	230	10,991	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	64	54	810	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	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	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
7/15/2020 1:25 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	86,978,871	319,478	87,298,349	3,747,262.00	23.30
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		63,643	0	63,643	484.00	131.49
4.01	Physicians - Part A - Teaching		1,032,198	0	1,032,198	9,984.00	103.39
5.00	Physician and Non Physician-Part B		525,143	0	525,143	5,381.00	97.59
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	1,681,996	0	1,681,996	57,986.00	29.01
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		10,030,126	0	10,030,126	235,103.00	42.66
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		153,226	0	153,226	3,978.00	38.52
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		659,005	0	659,005	4,018.00	164.01
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		10,338,026	0	10,338,026	206,569.00	50.05
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		17,501,673	0	17,501,673		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,564,492	0	2,564,492		
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		13,356	0	13,356		
22.01	Physician Part A - Teaching		216,561	0	216,561		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		413,408	0	413,408		
25.50	Home office wage-related (core)		1,323,925	0	1,323,925		
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: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
7/15/2020 1:25 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	-319,478	319,478	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	4,774,473	-2,021,729	2,752,744	192,993.00	14.26	27.00
28.00	Administrative & General under contract (see inst.)		83,574	0	83,574	478.00	174.84	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,095,992	0	2,095,992	121,236.00	17.29	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		2,756,319	0	2,756,319	115,126.00	23.94	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		2,752,330	0	2,752,330	103,188.00	26.67	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	2,156,519	0	2,156,519	59,659.00	36.15	38.00
39.00	Central Services and Supply	14.00	583,649	-487	583,162	46,875.00	12.44	39.00
40.00	Pharmacy	15.00	3,411,076	1,184,578	4,595,654	151,201.00	30.39	40.00
41.00	Medical Records & Medical Records Library	16.00	34,220	0	34,220	2,575.00	13.29	41.00
42.00	Social Service	17.00	447,432	0	447,432	14,056.00	31.83	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part III
Date/Time Prepared:
7/15/2020 1:25 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	89,331,757	319,478	89,651,235	3,892,703.00	23.03	1.00
2.00	Excluded area salaries (see instructions)	10,030,126	0	10,030,126	235,103.00	42.66	2.00
3.00	Subtotal salaries (line 1 minus line 2)	79,301,631	319,478	79,621,109	3,657,600.00	21.77	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,150,257	0	11,150,257	214,565.00	51.97	4.00
5.00	Subtotal wage-related costs (see inst.)	18,838,954	0	18,838,954	0.00	23.66	5.00
6.00	Total (sum of lines 3 thru 5)	109,290,842	319,478	109,610,320	3,872,165.00	28.31	6.00
7.00	Total overhead cost (see instructions)	18,776,106	-518,160	18,257,946	807,387.00	22.61	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part IV
Date/Time Prepared:
7/15/2020 1:25 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	3,027,402	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	10,555,974	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)	-282,153	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	946,699	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	6,336,845	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	155,237	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	97,978	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	20,837,982	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: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part V
Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	153,226	20,837,982	1.00
2.00	Hospital	153,226	20,837,982	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

Health Financial Systems		ADVENTIST HINSDALE HOSPITAL			In Lieu of Form CMS-2552-10		
HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 14-0122 Component CCN: 14-7207		Period: From 01/01/2019 To 12/31/2019	
				Home Health Agency I		Worksheet S-4 Date/Time Prepared: 7/15/2020 1:25 pm	
						PPS	
						1.00	
0.00 County						0.00	
				Title V	Title XVIII	Title XIX	Other
				1.00	2.00	3.00	4.00
						Total	5.00
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,637	0	1,550	3,187	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,601.00	0.00	4,350.00	5,951.00	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)			1.01	0.00	1.01	4.00
5.00	Other Administrative Personnel			17.97	0.00	17.97	5.00
6.00	Direct Nursing Service			18.57	0.00	18.57	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			12.40	0.00	12.40	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			2.93	0.00	2.93	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.56	0.00	0.56	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.39	0.00	0.39	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.00	0.00	0.00	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	16974					20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	11,379	519	527	443	12,868	21.00
22.00	Skilled Nursing Visit Charges	2,824,750	129,750	125,500	110,500	3,190,500	22.00
23.00	Physical Therapy Visits	9,324	140	167	443	10,074	23.00
24.00	Physical Therapy Visit Charges	2,325,250	35,000	41,000	109,250	2,510,500	24.00
25.00	Occupational Therapy Visits	2,303	66	12	94	2,475	25.00
26.00	Occupational Therapy Visit Charges	575,500	16,500	2,750	23,250	618,000	26.00
27.00	Speech Pathology Visits	299	29	2	12	342	27.00
28.00	Speech Pathology Visit Charges	74,500	7,250	500	3,000	85,250	28.00
29.00	Medical Social Service Visits	190	5	6	11	212	29.00
30.00	Medical Social Service Visit Charges	47,500	1,250	1,500	2,750	53,000	30.00
31.00	Home Health Aide Visits	1,511	66	4	56	1,637	31.00
32.00	Home Health Aide Visit Charges	196,020	8,775	540	7,155	212,490	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	25,006	825	718	1,059	27,608	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	6,043,520	198,525	171,790	255,905	6,669,740	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,832		258	83	2,173	36.00
37.00	Total Number of Outlier Episodes		24		5	29	37.00
38.00	Total Non-Routine Medical Supply Charges	153,823	30,296	6,594	7,506	198,219	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0122

Period:

Worksheet S-9

Hospice CCN: 14-1507

From 01/01/2019
To 12/31/2019PARTS I THROUGH IV
Date/Time Prepared:
7/15/2020 1:25 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	31,478	89	1,872	33,439	11.00
12.00	Hospice Inpatient Respite Care	4	0	0	4	12.00
13.00	Hospice General Inpatient Care	1,311	0	182	1,493	13.00
14.00	Total Hospice Days	32,793	89	2,054	34,936	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: 14-0122	Period: From 01/01/2019 To 12/31/2019	Worksheet S-10 Date/Time Prepared: 7/15/2020 1:25 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)			0.256101	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			14,099,909	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				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			95,638,456	6.00
7.00	Medicaid cost (line 1 times line 6)			24,493,104	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			10,393,195	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			24,674	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			10,393,195	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	5,127,142	1,740,766	6,867,908	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,313,066	1,740,766	3,053,832	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)	1,313,066	1,740,766	3,053,832	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)			7,815,174	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			453,404	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			697,543	27.01
28.00	Non-Medicare bad debt expense (see instructions)			7,117,631	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,066,971	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			5,120,803	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			15,513,998	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0122

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

Worksheet A

Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	17,426,622	17,426,622	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	8,485,171	8,485,171	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-319,478	15,191,241	14,871,763	14,871,763	4.00
5.01	00590	SHARED SERVICES	1,827,289	-181,115	1,646,174	-6,181	5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	2,947,184	70,787,554	73,734,738	-3,646,022	5.03
7.00	00700	OPERATION OF PLANT	2,095,992	7,992,637	10,088,629	-40,823	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	706,293	706,293	8.00
9.00	00900	HOUSEKEEPING	0	4,275,863	4,275,863	-672,226	9.00
10.00	01000	DIETARY	0	4,113,662	4,113,662	-2,925,188	10.00
11.00	01100	CAFETERIA	0	0	2,924,782	2,924,782	11.00
13.00	01300	NURSING ADMINISTRATION	2,156,519	643,669	2,800,188	-176,033	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	583,649	283,954	867,603	-1,724,571	14.00
15.00	01500	PHARMACY	3,411,076	37,754,165	41,165,241	-35,621,517	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	34,220	219,192	253,412	-220	16.00
17.00	01700	SOCIAL SERVICE	447,432	47,118	494,550	-505	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,681,996	182,162	1,864,158	-492	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,789,097	936,751	2,725,848	-5,437	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	18,758,308	5,372,558	24,130,866	-6,923,196	30.00
31.00	03100	INTENSIVE CARE UNIT	6,206,517	3,569,646	9,776,163	-773,140	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	2,082,509	204,218	2,286,727	-13,339	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	496	96	592	1,719,756	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,860,208	18,430,682	25,290,890	-13,295,498	50.00
51.00	05100	RECOVERY ROOM	735,047	97,062	832,109	-32,928	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,753,847	52.00
53.00	05300	ANESTHESIOLOGY	186,489	1,856,273	2,042,762	-481,030	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,545,503	4,191,723	8,737,226	-3,327,008	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,113,765	207,155	1,320,920	471,556	55.00
56.00	05600	RADIOISOTOPE	201,235	12,239	213,474	24,596	56.00
57.00	05700	CT SCAN	561,210	161,386	722,596	373,959	57.00
58.00	05800	MRI	671,326	227,740	899,066	79,282	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,103,422	6,767,564	7,870,986	-5,036,077	59.00
60.00	06000	LABORATORY	5,041,028	6,559,579	11,600,607	-2,350,288	60.00
65.00	06500	RESPIRATORY THERAPY	2,337,420	1,144,533	3,481,953	-422,565	65.00
66.00	06600	PHYSICAL THERAPY	1,195,642	1,971,819	3,167,461	-220,910	66.00
67.00	06700	OCCUPATIONAL THERAPY	474,615	36,023	510,638	0	67.00
68.00	06800	SPEECH PATHOLOGY	150,045	12,822	162,867	0	68.00
69.00	06900	ELECTROCARDIOLOGY	603,598	334,759	938,357	-63,582	69.00
69.01	06901	CARDIAC REHAB	330,130	26,807	356,937	-2,214	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	473,287	782,346	1,255,633	-10,378	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	16,021,723	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,396,668	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	37,063,061	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	688,481	688,481	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	885,927	461,285	1,347,212	88,344	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,221,937	1,029,067	4,251,004	-213,740	90.00
90.01	09001	WOODRIDGE	112,085	3,325,816	3,437,901	-1,518,812	90.01
91.00	09100	EMERGENCY	3,648,998	1,577,280	5,226,278	-614,729	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	875,531	467,795	1,343,326	-364,584	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	4,960,475	1,684,384	6,644,859	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	21,591,388	21,591,388	-20,968,431	113.00
116.00	11600	HOSPICE	2,192,769	1,315,012	3,507,781	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	86,184,498	226,354,391	312,538,889	83,996	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	206,357	149,014	355,371	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,408	968,952	970,360	-83,426	192.00
194.00	07950	FOUNDATION	41,607	60,800	102,407	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	OP PHARMACY	544,861	4,488,737	5,033,598	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	140	284,532	284,672	-570	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	86,978,871	232,306,426	319,285,297	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0122

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

Worksheet A

Date/Time Prepared:
7/15/2020 1:25 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	613,099	18,039,721	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,458,435	9,943,606	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,810,040	17,681,803	4.00
5.01	00590	SHARED SERVICES	25,679,978	27,319,971	5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	-19,046,582	51,042,134	5.03
7.00	00700	OPERATION OF PLANT	-14,417,863	-4,370,057	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	706,293	8.00
9.00	00900	HOUSEKEEPING	0	3,603,637	9.00
10.00	01000	DIETARY	-791,124	397,350	10.00
11.00	01100	CAFETERIA	0	2,924,782	11.00
13.00	01300	NURSING ADMINISTRATION	-72,720	2,551,435	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	-856,968	14.00
15.00	01500	PHARMACY	309,727	5,853,451	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	502,409	755,601	16.00
17.00	01700	SOCIAL SERVICE	849,299	1,343,344	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-17,000	1,846,666	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-1,309,376	1,411,035	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,201,164	15,006,506	30.00
31.00	03100	INTENSIVE CARE UNIT	-766,923	8,236,100	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	-7,826	2,265,562	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	1,720,348	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-244,745	11,750,647	50.00
51.00	05100	RECOVERY ROOM	-366	798,815	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,753,847	52.00
53.00	05300	ANESTHESIOLOGY	-1,356,898	204,834	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-787,200	4,623,018	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-24,788	1,767,688	55.00
56.00	05600	RADIOISOTOPE	0	238,070	56.00
57.00	05700	CT SCAN	-857	1,095,698	57.00
58.00	05800	MRI	-893	977,455	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,351,411	1,483,498	59.00
60.00	06000	LABORATORY	-16,503	9,233,816	60.00
65.00	06500	RESPIRATORY THERAPY	-13,096	3,046,292	65.00
66.00	06600	PHYSICAL THERAPY	-1,345	2,945,206	66.00
67.00	06700	OCCUPATIONAL THERAPY	-243	510,395	67.00
68.00	06800	SPEECH PATHOLOGY	-471	162,396	68.00
69.00	06900	ELECTROCARDIOLOGY	-144,207	730,568	69.00
69.01	06901	CARDIAC REHAB	-1,317	353,406	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-38,132	1,207,123	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-6,309	16,015,414	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-2,966	12,393,702	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-188,410	36,874,651	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	688,481	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	1,435,556	76.01
76.02	03952	DIABETES EDUCATION	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-156,973	3,880,291	90.00
90.01	09001	WOODRIDGE	-1,941,870	-22,781	90.01
91.00	09100	EMERGENCY	-348,104	4,263,445	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04040	PARTIAL HOSP	-29,422	949,320	93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	1,095,457	7,740,316	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-622,957	0	113.00
116.00	11600	HOSPICE	-496,390	3,011,391	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-13,088,007	299,534,878	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	355,371	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-1,907	885,027	192.00
194.00	07950	FOUNDATION	0	102,407	194.00
194.01	07951	MARKETING	0	0	194.01
194.02	07952	OP PHARMACY	0	5,033,598	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	284,102	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-13,089,914	306,195,383	200.00

RECLASSIFICATIONS

Provider CCN: 14-0122

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

Worksheet A-6

Date/Time Prepared:
7/15/2020 1:25 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAFETERIA					
1.00	CAFETERIA	11.00	0	2,924,782		1.00
	TOTALS		0	2,924,782		
	B - NURSERY					
1.00	NURSERY	43.00	1,216,447	503,372		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	2,655,306	1,098,541		2.00
	TOTALS		3,871,753	1,601,913		
	C - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	37,063,061		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	60		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
	TOTALS		0	37,063,121		
	D - LINEN					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	706,293		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
	TOTALS		0	706,293		
	E - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	13,180,712		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,123,979		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
	TOTALS		0	20,304,691		
	F - MISCELLANEOUS					
1.00	OPERATING ROOM	50.00	160	137		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	102	17		2.00
3.00	CARDIAC CATHETERIZATION	59.00	225	17		3.00
	TOTALS		487	171		
	G - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	511,789		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	511,789		
	H - RENT AND LEASES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,835,216		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,002,134		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

RECLASSIFICATIONS

Provider CCN: 14-0122

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

Worksheet A-6

Date/Time Prepared:
7/15/2020 1:25 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
TOTALS					2,837,350	
I - PROPERTY TAXES						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	135,834		1.00
2.00	INTEREST EXPENSE	113.00	0	11,376		2.00
TOTALS					147,210	
J - BILLABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16,021,723		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
TOTALS					16,021,723	
K - INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,337,732		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	359,058		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	6		3.00
TOTALS					3,696,796	
L - ACI DEPT						
1.00	RADIOLOGY-THERAPEUTIC	55.00	330,480	179,783		1.00
2.00	CT SCAN	57.00	80,549	43,819		2.00
3.00	PHARMACY	15.00	1,184,578	644,417		3.00
4.00	HEART AND VASCULAR CNTR	76.01	255,555	139,023		4.00
5.00	CLINIC	90.00	170,567	92,789		5.00
TOTALS					2,021,729	1,099,831

RECLASSIFICATIONS

Provider CCN: 14-0122

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

Worksheet A-6

Date/Time Prepared:
7/15/2020 1:25 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
M - IMPLANTIBLES					
1.00 SHARED SERVICES	5.01	0	750		1.00
2.00 CENTRAL SERVICES & SUPPLY	14.00	0	3,416		2.00
3.00 IMPL. DEV. CHARGED TO PATIENTS	72.00	0	12,396,668		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
TOTALS		0	12,400,834		
N - RADIOLOGY ADMIN					
1.00 RADIOISOTOPE	56.00	20,639	5,775		1.00
2.00 CT SCAN	57.00	287,955	80,569		2.00
3.00 MRI	58.00	123,453	34,542		3.00
TOTALS		432,047	120,886		
O - NEGATIVE SALARIES					
1.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	319,478	0		1.00
TOTALS		319,478	0		
P - WOODRIDGE LINE 90.01					
1.00 WOODRIDGE	90.01	0	1,574,661		1.00
TOTALS		0	1,574,661		
500.00 Grand Total: Increases		6,645,494	101,012,051		500.00

RECLASSIFICATIONS

Provider CCN: 14-0122

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

Worksheet A-6

Date/Time Prepared:
7/15/2020 1:25 pm

	Decreases						7/15/2020 1:25 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - CAFETERIA						
1.00	DIETARY	10.00	0	2,924,782	0		1.00
	TOTALS		0	2,924,782			
	B - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	3,871,753	1,601,913	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		3,871,753	1,601,913			
	C - BILLABLE DRUGS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,126	0		1.00
2.00	PHARMACY	15.00	0	36,641,128	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	15,518	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	4,560	0		4.00
5.00	SUBPROVIDER - IPF	40.00	0	4	0		5.00
6.00	OPERATING ROOM	50.00	0	59,108	0		6.00
7.00	RECOVERY ROOM	51.00	0	303	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	101,558	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,541	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	203	0		10.00
11.00	CT SCAN	57.00	0	3,811	0		11.00
12.00	MRI	58.00	0	21	0		12.00
13.00	LABORATORY	60.00	0	84	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	6	0		14.00
15.00	CARDIAC REHAB	69.01	0	34	0		15.00
16.00	HEART AND VASCULAR CNTR	76.01	0	57	0		16.00
17.00	CLINIC	90.00	0	223,745	0		17.00
18.00	EMERGENCY	91.00	0	3,304	0		18.00
19.00	PARTIAL HOSP	93.00	0	10	0		19.00
	TOTALS		0	37,063,121			
	D - LINEN						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	24,392	0		1.00
2.00	HOUSEKEEPING	9.00	0	657,523	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,395	0		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,511	0		4.00
5.00	MRI	58.00	0	6,059	0		5.00
6.00	ELECTROCARDIOLOGY	69.00	0	512	0		6.00
7.00	CLINIC	90.00	0	2,901	0		7.00
	TOTALS		0	706,293			
	E - DEPRECIATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	3,447	9		1.00
2.00	OPERATION OF PLANT	7.00	0	23,927	9		2.00
3.00	HOUSEKEEPING	9.00	0	12,579	0		3.00
4.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	3,912	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	14,497	0		5.00
6.00	SUBPROVIDER - IPF	40.00	0	10,194	0		6.00
7.00	OPERATING ROOM	50.00	0	673,830	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	89,011	0		8.00
9.00	MRI	58.00	0	36,058	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	28,522	0		10.00
11.00	LABORATORY	60.00	0	10,002	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	11,743	0		12.00
13.00	ELECTROCARDIOLOGY	69.00	0	37,991	0		13.00
14.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,396	0		14.00
15.00	HEART AND VASCULAR CNTR	76.01	0	28,796	0		15.00
16.00	WOODRIDGE	90.01	0	2,034,205	0		16.00
17.00	INTEREST EXPENSE	113.00	0	17,283,011	0		17.00
18.00	OTHER NONREIMBURSABLE COST	194.03	0	570	0		18.00
	CENTERS						
	TOTALS		0	20,304,691			
	F - MISCELLANEOUS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	487	171	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		487	171			
	G - INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	493,873	12		1.00
2.00	WOODRIDGE	90.01	0	17,916	0		2.00
	TOTALS		0	511,789			

RECLASSIFICATIONS

Provider CCN: 14-0122

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

Worksheet A-6

Date/Time Prepared:
7/15/2020 1:25 pm

	Decreases						7/15/2020 1:25 PM
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	H - RENT AND LEASES						
1.00	SHARED SERVICES	5.01	0	6,931	10		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	2,756	10		2.00
3.00	OPERATION OF PLANT	7.00	0	16,896	0		3.00
4.00	HOUSEKEEPING	9.00	0	2,124	0		4.00
5.00	DIETARY	10.00	0	406	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	176,033	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,376	0		7.00
8.00	PHARMACY	15.00	0	409,554	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	60	0		9.00
10.00	SOCIAL SERVICE	17.00	0	49	0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	580	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	9,874	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	5,148	0		13.00
14.00	OPERATING ROOM	50.00	0	101,272	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	1,621	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	47,896	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	2,901	0		17.00
18.00	LABORATORY	60.00	0	203,312	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	73,666	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	177,759	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	1,014	0		21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	94	0		22.00
23.00	HEART AND VASCULAR CNTR	76.01	0	224,385	0		23.00
24.00	CLINIC	90.00	0	27,467	0		24.00
25.00	WOODRIDGE	90.01	0	894,142	0		25.00
26.00	EMERGENCY	91.00	0	240	0		26.00
27.00	PARTIAL HOSP	93.00	0	360,368	0		27.00
28.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	83,426	0		28.00
	TOTALS		0	2,837,350			
	I - PROPERTY TAXES						
1.00	WOODRIDGE	90.01	0	147,210	13		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	147,210			
	J - BILLABLE SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,715,827	0		1.00
2.00	PHARMACY	15.00	0	399,830	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	160	0		3.00
4.00	SOCIAL SERVICE	17.00	0	456	0		4.00
5.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	492	0		5.00
6.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	945	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	1,401,157	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	761,480	0		8.00
9.00	SUBPROVIDER - IPF	40.00	0	3,141	0		9.00
10.00	NURSERY	43.00	0	63	0		10.00
11.00	OPERATING ROOM	50.00	0	4,415,760	0		11.00
12.00	RECOVERY ROOM	51.00	0	32,625	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	377,851	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,273,524	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	34,993	0		15.00
16.00	RADIOISOTOPE	56.00	0	1,818	0		16.00
17.00	CT SCAN	57.00	0	115,122	0		17.00
18.00	MRI	58.00	0	36,575	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	2,063,200	0		19.00
20.00	LABORATORY	60.00	0	2,136,890	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	337,156	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	43,151	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	24,059	0		23.00
24.00	CARDIAC REHAB	69.01	0	2,180	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	7,888	0		25.00
26.00	HEART AND VASCULAR CNTR	76.01	0	52,996	0		26.00
27.00	CLINIC	90.00	0	166,993	0		27.00
28.00	EMERGENCY	91.00	0	611,185	0		28.00
29.00	PARTIAL HOSP	93.00	0	4,206	0		29.00
	TOTALS		0	16,021,723			
	K - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	3,696,796	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	3,696,796			

RECLASSIFICATIONS

Provider CCN: 14-0122

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

Worksheet A-6

Date/Time Prepared:
7/15/2020 1:25 pm

	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
	L - ACI DEPT					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	2,021,729	1,099,831	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
	TOTALS		2,021,729	1,099,831		
	M - IMPLANTIBLES					
1.00	ADULTS & PEDIATRICS	30.00	0	8,484	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	1,952	0	2.00
3.00	OPERATING ROOM	50.00	0	8,045,825	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,346,827	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	2,941,756	0	5.00
6.00	CLINIC	90.00	0	55,990	0	6.00
	TOTALS		0	12,400,834		
	N - RADIOLOGY ADMIN					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	432,047	120,886	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		432,047	120,886		
	O - NEGATIVE SALARIES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	319,478	0	1.00
	TOTALS		0	319,478		
	P - WOODRIDGE LINE 90.01					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,574,661	9	1.00
	TOTALS		0	1,574,661		
500.00	Grand Total: Decreases		6,326,016	101,331,529		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
7/15/2020 1:25 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	13,557,010	0	0	0	183,640	1.00	
2.00	Land Improvements	589,414	70,197	0	70,197	0	2.00	
3.00	Buildings and Fixtures	318,948,258	10,360,805	0	10,360,805	419,462	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	46,188,659	0	0	0	0	5.00	
6.00	Movable Equipment	127,175,626	6,593,300	0	6,593,300	4,206,481	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	506,458,967	17,024,302	0	17,024,302	4,809,583	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	506,458,967	17,024,302	0	17,024,302	4,809,583	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	13,373,370	0					1.00
2.00	Land Improvements	659,611	0					
3.00	Buildings and Fixtures	328,889,601	0					
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	46,188,659	0					
6.00	Movable Equipment	129,562,445	0					
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	518,673,686	0					
9.00	Reconciling Items	0	0					
10.00	Total (line 8 minus line 9)	518,673,686	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
7/15/2020 1:25 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	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
		PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
7/15/2020 1:25 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	375,737,872	0	375,737,872	0.743593	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	129,562,445	0	129,562,445	0.256407	0	2.00
3.00	Total (sum of lines 1-2)	505,300,317	0	505,300,317	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	12,354,984	1,835,216	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,582,414	1,002,134	2.00
3.00	Total (sum of lines 1-2)	0	0	0	20,937,398	2,837,350	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	3,337,732	511,789	0	0	18,039,721	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	359,058	0	0	0	9,943,606	2.00
3.00	Total (sum of lines 1-2)	3,696,790	511,789	0	0	27,983,327	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0122

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

Worksheet A-8

Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-141,026	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	7.00
8.00	Television and radio service (chapter 21)	A	-86,963	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-8,697,633			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	16,153,334			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	0	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER OPERATING REVENUE	B	-260	SHARED SERVICES	5.01	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0122

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

Worksheet A-8

Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.01	OTHER OPERATING REVENUE	B	-434,601	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.01
33.02	OTHER OPERATING REVENUE	B	-188,588	OPERATION OF PLANT	7.00	0	33.02
33.03	OTHER OPERATING REVENUE	B	-791,124	DIETARY	10.00	0	33.03
33.04	OTHER OPERATING REVENUE	B	-71,058	NURSING ADMINISTRATION	13.00	0	33.04
33.05	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.05
33.06	OTHER OPERATING REVENUE	B	-35,698	MEDICAL RECORDS & LIBRARY	16.00	0	33.06
33.07	OTHER OPERATING REVENUE	B	-45,763	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.07
33.08	OTHER OPERATING REVENUE	B	-16,130	ADULTS & PEDIATRICS	30.00	0	33.08
33.09	OTHER OPERATING REVENUE	B	-47,747	INTENSIVE CARE UNIT	31.00	0	33.09
33.10	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.10
33.11	OTHER OPERATING REVENUE	B	-3,300	RADIOLOGY-DIAGNOSTIC	54.00	0	33.11
33.12	OTHER OPERATING REVENUE	B	-21,407	CARDIAC CATHETERIZATION	59.00	0	33.12
33.13	OTHER OPERATING REVENUE	B	-5,950	LABORATORY	60.00	0	33.13
33.14	OTHER OPERATING REVENUE	B	-12,376	ELECTROCARDIOLOGY	69.00	0	33.14
33.15	OTHER OPERATING REVENUE	B	-1,317	CARDIAC REHAB	69.01	0	33.15
33.16	OTHER OPERATING REVENUE	B	-44,291	DRUGS CHARGED TO PATIENTS	73.00	0	33.16
33.17	OTHER OPERATING REVENUE	B	-143,080	CLINIC	90.00	0	33.17
33.18	OTHER OPERATING REVENUE	B	-1,941,870	WOODRIDGE	90.01	0	33.18
33.19	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	33.19
33.20	OTHER OPERATING REVENUE	B	-29,000	PARTIAL HOSP	93.00	0	33.20
33.21	OTHER OPERATING REVENUE	B	-4,167	HOSPICE	116.00	0	33.21
33.22	LEGAL	A	-40	HOME HEALTH AGENCY	101.00	0	33.22
33.23	LEGAL	A	-1,907	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.23
33.24	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	33.24
33.25	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	33.25
33.26	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	33.26
33.27	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	33.27
33.28	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	33.28
33.29	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	33.29
33.30	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	33.30
33.31	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	33.31
33.32	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	33.32
33.33	ENTERTAINMENT	A	-210	SHARED SERVICES	5.01	0	33.33
33.34	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.34
33.35	ENTERTAINMENT	A	-175	OPERATION OF PLANT	7.00	0	33.35
33.36	ENTERTAINMENT	A	-217	NURSING ADMINISTRATION	13.00	0	33.36
33.37	ENTERTAINMENT	A	-1,771	PHARMACY	15.00	0	33.37
33.38	ENTERTAINMENT	A	-33	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.38
33.39	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.39
33.40	ENTERTAINMENT	A	-94	INTENSIVE CARE UNIT	31.00	0	33.40
33.41	ENTERTAINMENT	A	-282	SUBPROVIDER - IPF	40.00	0	33.41
33.42	ENTERTAINMENT	A	-323	LABORATORY	60.00	0	33.42
33.43	ENTERTAINMENT	A	-165	ELECTROENCEPHALOGRAPHY	70.00	0	33.43
33.44	ENTERTAINMENT	A	-138	CLINIC	90.00	0	33.44
33.45	ENTERTAINMENT	A	-394	PARTIAL HOSP	93.00	0	33.45
33.46	ENTERTAINMENT	A	-1,649	HOSPICE	116.00	0	33.46
33.47	AMBULANCE	A	-2,341	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.47
33.48	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.48
33.49	AMBULANCE	A	-329	INTENSIVE CARE UNIT	31.00	0	33.49
33.50	AMBULANCE	A	-50	OPERATING ROOM	50.00	0	33.50

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0122

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

Worksheet A-8

Date/Time Prepared:
7/15/2020 1:25 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #			
	1.00	2.00	3.00	4.00	5.00		
33.51 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.51	
33.52 AMBULANCE	A	-382	HOSPICE	116.00	0	33.52	
33.53 COMMUNITY BENEFIT	A	-1,251	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.53	
33.54 COMMUNITY BENEFIT	A	-10,099	SOCIAL SERVICE	17.00	0	33.54	
33.55 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.55	
33.56 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.56	
33.57 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.57	
33.58 CORPORATE SPONSORSHIPS	A	-22,500	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.58	
33.59 FEDERAL & STATE INCOME TAX	A	-28,000	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.59	
33.60 FEDERAL & STATE INCOME TAX	A	-235,000	INTEREST EXPENSE	113.00	0	33.60	
33.61 PROPERTY TAXES	A	-135,834	CAP REL COSTS-BLDG & FIXT	1.00	13	33.61	
33.62 PROVIDER TAX	A	-14,142,137	OPERATION OF PLANT	7.00	0	33.62	
33.63 MALPRACTICE	A	0	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.63	
33.64 MALPRACTICE	A	-421,476	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.64	
33.65 ADVERTISING & MARKETING	A	-10,644	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.65	
33.66 ADVERTISING & MARKETING	A	-1,130	NURSING ADMINISTRATION	13.00	0	33.66	
33.67 DUE & LOBBYING	A	-5,111	SHARED SERVICES	5.01	0	33.67	
33.68 DUE & LOBBYING	A	-51,584	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.68	
33.69 DUE & LOBBYING	A	-315	NURSING ADMINISTRATION	13.00	0	33.69	
33.70 DUE & LOBBYING	A	-235	MEDICAL RECORDS & LIBRARY	16.00	0	33.70	
33.71 DUE & LOBBYING	A	-1,040	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	33.71	
33.72 DUE & LOBBYING	A	-6,939	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.72	
33.73 DUE & LOBBYING	A	-7,343	CARDIAC CATHETERIZATION	59.00	0	33.73	
33.74 DUE & LOBBYING	A	-3,622	ELECTROENCEPHALOGRAPHY	70.00	0	33.74	
33.75 DUE & LOBBYING	A	-84	CLINIC	90.00	0	33.75	
33.76 DUE & LOBBYING	A	-26	HOSPICE	116.00	0	33.76	
33.77 HOSPICE	A	-2,072	OPERATING ROOM	50.00	0	33.77	
33.78 HOSPICE	A	-366	RECOVERY ROOM	51.00	0	33.78	
33.79 HOSPICE	A	-84	ANESTHESIOLOGY	53.00	0	33.79	
33.80 HOSPICE	A	-3,322	RADIOLOGY-DIAGNOSTIC	54.00	0	33.80	
33.81 HOSPICE	A	-534	RADIOLOGY-THERAPEUTIC	55.00	0	33.81	
33.82 HOSPICE	A	-857	CT SCAN	57.00	0	33.82	
33.83 HOSPICE	A	-893	MRI	58.00	0	33.83	
33.84 HOSPICE	A	-5,395	LABORATORY	60.00	0	33.84	
33.85 HOSPICE	A	-13,096	RESPIRATORY THERAPY	65.00	0	33.85	
33.86 HOSPICE	A	-1,345	PHYSICAL THERAPY	66.00	0	33.86	
33.87 HOSPICE	A	-243	OCCUPATIONAL THERAPY	67.00	0	33.87	
33.88 HOSPICE	A	-471	SPEECH PATHOLOGY	68.00	0	33.88	
33.89 HOSPICE	A	-781	ELECTROCARDIOLOGY	69.00	0	33.89	
33.90 HOSPICE	A	-6,309	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	33.90	
33.91 HOSPICE	A	-2,966	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	33.91	
33.92 HOSPICE	A	-144,119	DRUGS CHARGED TO PATIENTS	73.00	0	33.92	
33.93 HOSPICE	A	-51	CLINIC	90.00	0	33.93	
33.94 HOSPICE	A	-2,825	EMERGENCY	91.00	0	33.94	
33.95 HOSPICE	A	-490,189	ADULTS & PEDIATRICS	30.00	0	33.95	
33.96 HOSPICE	A	-9,407	INTENSIVE CARE UNIT	31.00	0	33.96	
33.97 SELF INSURED ADJUSTMENT	A	-543,077	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.97	
33.98 NON ALLOWABLE BORROWING	A	-156,627	INTEREST EXPENSE	113.00	0	33.98	
33.99 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	33.99	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,089,914				50.00	

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

(2) Basis for adjustment (see instructions).

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0122

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

Worksheet A-8

Date/Time Prepared:
7/15/2020 1:25 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	

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: 14-0122

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

Worksheet A-8-1

Date/Time Prepared:
7/15/2020 1:25 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	1.00	CAP REL COSTS-BLDG & FIXT	AHS HOME OFFICE	353,444	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	AHS HOME OFFICE	1,420,643	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	AHS HOME OFFICE	59,433	72,384	3.00
3.01	5.03	OTHER ADMINISTRATIVE AND GEN	AHS HOME OFFICE	14,821,310	15,680,115	3.01
3.02	16.00	MEDICAL RECORDS & LIBRARY	AHS HOME OFFICE	5,035	67,517	3.02
3.03	101.00	HOME HEALTH AGENCY	AHS HOME OFFICE	992,379	887,636	3.03
3.04	113.00	INTEREST EXPENSE	AHS HOME OFFICE	3,853,423	4,084,753	3.04
3.05	116.00	HOSPICE	AHS HOME OFFICE	0	161,014	3.05
3.06	4.00	EMPLOYEE BENEFITS DEPARTMENT	AHS HOME OFFICE	26,505	0	3.06
3.07	5.03	OTHER ADMINISTRATIVE AND GEN	AHS HOME OFFICE	8,064,257	8,085,993	3.07
3.08	16.00	MEDICAL RECORDS & LIBRARY	AHS HOME OFFICE	3,105	1,859	3.08
3.09	101.00	HOME HEALTH AGENCY	AHS HOME OFFICE	1,044,064	588,071	3.09
3.10	116.00	HOSPICE	AHS HOME OFFICE	189,389	518,541	3.10
4.00	1.00	CAP REL COSTS-BLDG & FIXT	AMITA HOME OFFICE	384,300	0	4.00
4.01	5.03	OTHER ADMINISTRATIVE AND GEN	AMITA HOME OFFICE	1,513,666	4,097,719	4.01
4.02	1.00	CAP REL COSTS-BLDG & FIXT	AMITA HOME OFFICE	11,189	0	4.02
4.03	2.00	CAP REL COSTS-MVBLE EQUIP	AMITA HOME OFFICE	37,792	0	4.03
4.04	4.00	EMPLOYEE BENEFITS DEPARTMENT	AMITA HOME OFFICE	3,339,563	0	4.04
4.05	5.01	SHARED SERVICES	AMITA HOME OFFICE	25,756,412	0	4.05
4.06	5.03	OTHER ADMINISTRATIVE AND GEN	AMITA HOME OFFICE	21,325,618	35,112,422	4.06
4.07	15.00	PHARMACY	AMITA HOME OFFICE	311,498	0	4.07
4.08	16.00	MEDICAL RECORDS & LIBRARY	AMITA HOME OFFICE	599,578	0	4.08
4.09	17.00	SOCIAL SERVICE	AMITA HOME OFFICE	859,398	0	4.09
4.10	60.00	LABORATORY	AMITA HOME OFFICE	4,596	0	4.10
4.11	101.00	HOME HEALTH AGENCY	LA GRANGE (HINS HHA OFFICE S	534,761	0	4.11
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			85,511,358	69,358,024	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	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	B	0.00	ADVENTHEALTH	0.00	6.00
7.00	B	0.00	AMITA HEALTH	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: 14-0122

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

Worksheet A-8-1

Date/Time Prepared:
7/15/2020 1:25 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	353,444	9		1.00
2.00	1,420,643	9		2.00
3.00	-12,951	0		3.00
3.01	-858,805	0		3.01
3.02	-62,482	0		3.02
3.03	104,743	0		3.03
3.04	-231,330	0		3.04
3.05	-161,014	0		3.05
3.06	26,505	0		3.06
3.07	-21,736	0		3.07
3.08	1,246	0		3.08
3.09	455,993	0		3.09
3.10	-329,152	0		3.10
4.00	384,300	9		4.00
4.01	-2,584,053	0		4.01
4.02	11,189	9		4.02
4.03	37,792	9		4.03
4.04	3,339,563	9		4.04
4.05	25,756,412	0		4.05
4.06	-13,786,804	0		4.06
4.07	311,498	0		4.07
4.08	599,578	0		4.08
4.09	859,398	0		4.09
4.10	4,596	0		4.10
4.11	534,761	0		4.11
5.00	16,153,334			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	HOME OFFICE		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: 14-0122

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

Worksheet A-8-2

Date/Time Prepared:
7/15/2020 1:25 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.03	OTHER ADMINISTRATIVE AND GENERAL	16,554	0	16,554	179,000	132	1.00
2.00	21.00	I&R SERVICES-SALARY & FRINGES APPRV	15,960	15,960	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	1,541,381	509,183	1,032,198	179,000	9,984	3.00
4.00	53.00	ANESTHESIOLOGY	1,625	0	1,625	239,400	12	4.00
5.00	90.00	CLINIC	36,167	0	36,167	179,000	262	5.00
6.00	91.00	EMERGENCY	9,296	0	9,296	179,000	80	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
11.00	5.01	SHARED SERVICES	195,551	0	195,551	179,000	1,449	11.00
12.00	5.03	OTHER ADMINISTRATIVE AND GENERAL	1,177,388	1,042,442	134,946	179,000	922	12.00
13.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	152,984	152,984	0	0	0	13.00
14.00	30.00	ADULTS & PEDIATRICS	1,694,845	1,694,845	0	0	0	14.00
15.00	31.00	INTENSIVE CARE UNIT	730,000	700,000	30,000	179,000	240	15.00
16.00	40.00	SUBPROVIDER - IPF	21,313	0	21,313	179,000	160	16.00
17.00	50.00	OPERATING ROOM	251,389	242,201	9,188	246,400	74	17.00
18.00	53.00	ANESTHESIOLOGY	1,356,570	1,356,570	0	0	0	18.00
19.00	54.00	RADIOLOGY-DIAGNOSTIC	796,241	760,241	36,000	179,000	182	19.00
20.00	55.00	RADIOLOGY-THERAPEUTIC	51,313	0	51,313	271,900	207	20.00
21.00	59.00	CARDIAC CATHETERIZATION	1,351,490	1,250,936	100,554	179,000	335	21.00
22.00	60.00	LABORATORY	9,431	9,431	0	0	0	22.00
23.00	69.00	ELECTROCARDIOLOGY	131,050	131,050	0	0	0	23.00
24.00	70.00	ELECTROENCEPHALOGRAPHY	52,331	0	52,331	179,000	209	24.00
25.00	91.00	EMERGENCY	363,350	335,540	27,810	179,000	238	25.00
26.00	93.00	PARTIAL HOSP	28	28	0	0	0	26.00
200.00			9,956,257	8,201,411	1,754,846		14,486	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	5.03	OTHER ADMINISTRATIVE AND GENERAL	11,360	568	0	0	0	1.00
2.00	21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	859,200	42,960	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	1,381	69	0	0	0	4.00
5.00	90.00	CLINIC	22,547	1,127	0	0	0	5.00
6.00	91.00	EMERGENCY	6,885	344	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
11.00	5.01	SHARED SERVICES	124,698	6,235	0	0	0	11.00
12.00	5.03	OTHER ADMINISTRATIVE AND GENERAL	79,345	3,967	0	0	0	12.00
13.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	13.00
14.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	14.00
15.00	31.00	INTENSIVE CARE UNIT	20,654	1,033	0	0	0	15.00
16.00	40.00	SUBPROVIDER - IPF	13,769	688	0	0	0	16.00
17.00	50.00	OPERATING ROOM	8,766	438	0	0	0	17.00
18.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	18.00
19.00	54.00	RADIOLOGY-DIAGNOSTIC	15,663	783	0	0	0	19.00
20.00	55.00	RADIOLOGY-THERAPEUTIC	27,059	1,353	0	0	0	20.00
21.00	59.00	CARDIAC CATHETERIZATION	28,829	1,441	0	0	0	21.00
22.00	60.00	LABORATORY	0	0	0	0	0	22.00
23.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	23.00
24.00	70.00	ELECTROENCEPHALOGRAPHY	17,986	899	0	0	0	24.00
25.00	91.00	EMERGENCY	20,482	1,024	0	0	0	25.00
26.00	93.00	PARTIAL HOSP	0	0	0	0	0	26.00
200.00			1,258,624	62,929	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0122

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

Worksheet A-8-2

Date/Time Prepared:
7/15/2020 1:25 pm

	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	5.03	OTHER ADMINISTRATIVE AND GENERAL	0	11,360	5,194	5,194		1.00
2.00	21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	15,960		2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	859,200	172,998	682,181		3.00
4.00	53.00	ANESTHESIOLOGY	0	1,381	244	244		4.00
5.00	90.00	CLINIC	0	22,547	13,620	13,620		5.00
6.00	91.00	EMERGENCY	0	6,885	2,411	2,411		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
11.00	5.01	SHARED SERVICES	0	124,698	70,853	70,853		11.00
12.00	5.03	OTHER ADMINISTRATIVE AND GENERAL	0	79,345	55,601	1,098,043		12.00
13.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	152,984		13.00
14.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,694,845		14.00
15.00	31.00	INTENSIVE CARE UNIT	0	20,654	9,346	709,346		15.00
16.00	40.00	SUBPROVIDER - IPF	0	13,769	7,544	7,544		16.00
17.00	50.00	OPERATING ROOM	0	8,766	422	242,623		17.00
18.00	53.00	ANESTHESIOLOGY	0	0	0	1,356,570		18.00
19.00	54.00	RADIOLOGY-DIAGNOSTIC	0	15,663	20,337	780,578		19.00
20.00	55.00	RADIOLOGY-THERAPEUTIC	0	27,059	24,254	24,254		20.00
21.00	59.00	CARDIAC CATHETERIZATION	0	28,829	71,725	1,322,661		21.00
22.00	60.00	LABORATORY	0	0	0	9,431		22.00
23.00	69.00	ELECTROCARDIOLOGY	0	0	0	131,050		23.00
24.00	70.00	ELECTROENCEPHALOGRAPHY	0	17,986	34,345	34,345		24.00
25.00	91.00	EMERGENCY	0	20,482	7,328	342,868		25.00
26.00	93.00	PARTIAL HOSP	0	0	0	28		26.00
200.00			0	1,258,624	496,222	8,697,633		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	18,039,721	18,039,721			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	9,943,606	9,943,606			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	17,681,803	39,412	21,724	17,742,939	4.00
5.01	00590	SHARED SERVICES	27,319,971	222,768	122,791	371,387	5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	51,042,134	1,054,822	581,425	188,094	5.03
7.00	00700	OPERATION OF PLANT	-4,370,057	9,797,954	5,400,690	426,000	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	706,293	0	0	706,293	8.00
9.00	00900	HOUSEKEEPING	3,603,637	38,812	21,393	0	9.00
10.00	01000	DIETARY	397,350	16,204	8,932	0	10.00
11.00	01100	CAFETERIA	2,924,782	65,466	36,085	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,551,435	60,265	33,218	438,302	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-856,968	227,431	125,362	118,525	14.00
15.00	01500	PHARMACY	5,853,451	59,680	32,896	934,044	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	755,601	101,147	55,753	6,955	16.00
17.00	01700	SOCIAL SERVICE	1,343,344	26,907	14,831	90,938	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,846,666	0	0	341,857	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,411,035	10,719	5,908	363,625	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,006,506	1,964,832	1,083,028	3,025,603	30.00
31.00	03100	INTENSIVE CARE UNIT	8,236,100	252,473	139,165	1,261,444	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	2,265,562	131,122	72,275	423,260	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	1,720,348	0	0	247,338	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,750,647	649,095	357,785	1,394,335	50.00
51.00	05100	RECOVERY ROOM	798,815	41,752	23,014	149,395	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,753,847	0	0	539,678	52.00
53.00	05300	ANESTHESIOLOGY	204,834	7,541	4,157	37,903	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,623,018	264,314	145,692	836,060	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,767,688	0	0	293,536	55.00
56.00	05600	RADIOISOTOPE	238,070	45,436	25,044	45,095	56.00
57.00	05700	CT SCAN	1,095,698	8,648	4,767	188,960	57.00
58.00	05800	MRI	977,455	94,934	52,328	161,535	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,483,498	94,507	52,093	224,311	59.00
60.00	06000	LABORATORY	9,233,816	262,038	144,437	1,024,564	60.00
65.00	06500	RESPIRATORY THERAPY	3,046,292	1,186	654	475,069	65.00
66.00	06600	PHYSICAL THERAPY	2,945,206	27,002	14,884	243,008	66.00
67.00	06700	OCCUPATIONAL THERAPY	510,395	23,113	12,740	96,463	67.00
68.00	06800	SPEECH PATHOLOGY	162,396	15,477	8,531	30,496	68.00
69.00	06900	ELECTROCARDIOLOGY	730,568	76,232	42,020	122,678	69.00
69.01	06901	CARDIAC REHAB	353,406	29,642	16,339	67,097	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,207,123	73,481	40,503	96,193	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,015,414	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,393,702	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,874,651	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	688,481	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	1,435,556	130,805	72,101	232,001	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,880,291	311,963	171,956	689,509	90.00
90.01	09001	WOODRIDGE	-22,781	0	0	22,781	90.01
91.00	09100	EMERGENCY	4,263,445	274,527	151,321	741,641	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	949,320	0	0	177,947	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	7,740,316	0	0	1,008,192	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	3,011,391	106,649	58,786	445,669	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	299,534,878	16,608,356	9,154,628	17,581,488	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	355,371	49,024	27,023	41,941	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	885,027	0	0	286	192.00
194.00	07950	FOUNDATION	102,407	18,528	10,213	8,456	194.00
194.01	07951	MARKETING	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
194.02	07952	OP PHARMACY	5,033,598	8,995	4,958	110,740	5,158,291	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	284,102	1,354,818	746,784	28	2,385,732	194.03
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	306,195,383	18,039,721	9,943,606	17,742,939	306,195,383	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Description			SHARED SERVICES	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.01	5A.01	5.03	7.00	8.00	
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	00590	SHARED SERVICES	28,036,917					5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	5,321,332	58,187,807	58,187,807			5.03
7.00	00700	OPERATION OF PLANT	1,132,830	12,387,417	2,901,839	15,289,256		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	71,092	777,385	182,108	0	959,493	8.00
9.00	00900	HOUSEKEEPING	368,784	4,032,626	944,671	85,693	0	9.00
10.00	01000	DIETARY	42,525	465,011	108,932	35,778	0	10.00
11.00	01100	CAFETERIA	304,616	3,330,949	780,298	144,543	0	11.00
13.00	01300	NURSING ADMINISTRATION	310,342	3,393,562	794,966	133,059	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	-385,650	0	502,148	0	14.00
15.00	01500	PHARMACY	692,514	7,572,585	1,773,931	131,768	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	92,548	1,012,004	237,069	223,324	0	16.00
17.00	01700	SOCIAL SERVICE	148,569	1,624,589	380,571	59,409	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	220,286	2,408,809	564,280	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	180,302	1,971,589	461,859	23,666	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,121,804	23,201,773	5,435,178	4,338,170	641,300	30.00
31.00	03100	INTENSIVE CARE UNIT	995,396	10,884,578	2,549,789	557,438	130,401	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	291,116	3,183,335	745,719	289,505	82,947	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	198,057	2,165,743	507,340	0	96,272	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,424,456	15,576,318	3,648,862	1,433,142	0	50.00
51.00	05100	RECOVERY ROOM	101,961	1,114,937	261,182	92,185	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	432,165	4,725,690	1,107,026	0	0	52.00
53.00	05300	ANESTHESIOLOGY	25,610	280,045	65,603	16,650	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	590,753	6,459,837	1,513,262	583,582	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	207,473	2,268,697	531,458	0	0	55.00
56.00	05600	RADIOISOTOPE	35,596	389,241	91,182	100,318	0	56.00
57.00	05700	CT SCAN	130,658	1,428,731	334,690	19,093	0	57.00
58.00	05800	MRI	129,468	1,415,720	331,642	209,606	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	186,656	2,041,065	478,134	208,664	0	59.00
60.00	06000	LABORATORY	1,073,471	11,738,326	2,749,785	578,555	0	60.00
65.00	06500	RESPIRATORY THERAPY	354,628	3,877,829	908,409	2,618	0	65.00
66.00	06600	PHYSICAL THERAPY	325,126	3,555,226	832,837	59,618	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	64,692	707,403	165,714	51,032	0	67.00
68.00	06800	SPEECH PATHOLOGY	21,832	238,732	55,925	34,172	0	68.00
69.00	06900	ELECTROCARDIOLOGY	97,786	1,069,284	250,487	168,313	0	69.00
69.01	06901	CARDIAC REHAB	46,954	513,438	120,276	65,447	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	142,658	1,559,958	365,431	162,240	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,612,031	17,627,445	4,129,352	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,247,488	13,641,190	3,195,544	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,711,618	40,586,269	9,507,572	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	69,299	757,780	177,515	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	188,271	2,058,734	482,273	288,806	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	508,682	5,562,401	1,303,031	688,786	0	90.00
90.01	09001	WOODRIDGE	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	546,651	5,977,585	1,400,291	606,131	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	113,465	1,240,732	290,650	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	880,581	9,629,089	2,255,682	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	364,622	3,987,117	934,010	235,471	8,573	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,126,764	296,242,931	55,856,375	12,128,930	959,493	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	47,646	521,005	122,049	108,241	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	89,111	974,424	228,266	0	0	192.00
194.00	07950	FOUNDATION	14,052	153,656	35,995	40,909	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	OP PHARMACY	519,208	5,677,499	1,329,994	19,861	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	240,136	2,625,868	615,128	2,991,315	0	194.03
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Description		SHARED SERVICES	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.01	5A.01	5.03	7.00	8.00	
202.00	TOTAL (sum lines 118 through 201)	28,036,917	306,195,383	58,187,807	15,289,256	959,493	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	SHARED SERVICES						5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	5,062,990					9.00
10.00	01000	DIETARY	11,915	621,636				10.00
11.00	01100	CAFETERIA	48,135	0	4,303,925			11.00
13.00	01300	NURSING ADMINISTRATION	44,310	0	74,335	4,440,232		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	167,222	0	59,693	0	343,413	14.00
15.00	01500	PHARMACY	43,880	0	186,162	0	8,190	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	74,370	0	1,490	0	3	16.00
17.00	01700	SOCIAL SERVICE	19,784	0	17,481	0	9	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	75,628	0	10	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	7,881	0	26,474	0	19	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,444,667	415,485	1,090,412	1,832,622	28,701	30.00
31.00	03100	INTENSIVE CARE UNIT	185,634	84,484	383,256	644,113	15,598	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	96,409	53,740	120,201	202,018	64	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	62,373	79,254	133,196	1	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	477,255	0	331,432	557,008	90,447	50.00
51.00	05100	RECOVERY ROOM	30,699	0	36,226	60,897	668	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	172,925	290,628	0	52.00
53.00	05300	ANESTHESIOLOGY	5,545	0	16,272	27,368	7,740	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	194,341	0	192,064	0	26,087	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	52,583	0	717	55.00
56.00	05600	RADIOISOTOPE	33,407	0	13,068	0	37	56.00
57.00	05700	CT SCAN	6,358	0	49,014	0	2,358	57.00
58.00	05800	MRI	69,802	0	36,760	0	749	58.00
59.00	05900	CARDIAC CATHETERIZATION	69,488	0	53,876	0	42,263	59.00
60.00	06000	LABORATORY	192,667	0	333,147	0	59,002	60.00
65.00	06500	RESPIRATORY THERAPY	872	0	173,768	0	6,906	65.00
66.00	06600	PHYSICAL THERAPY	19,854	0	39,290	0	884	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,994	0	16,385	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	11,380	0	4,216	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	56,051	0	26,727	0	493	69.00
69.01	06901	CARDIAC REHAB	21,795	0	15,232	0	45	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	54,028	0	20,123	0	162	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	35,147	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	96,176	0	35,861	0	1,086	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	229,375	0	132,567	222,785	3,421	90.00
90.01	09001	WOODRIDGE	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	201,850	0	242,258	407,129	12,520	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	0	37,182	62,468	86	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	48,873	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	78,415	5,554	79,450	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,010,559	621,636	4,273,685	4,440,232	343,413	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	36,046	0	9,050	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	56	0	0	192.00
194.00	07950	FOUNDATION	13,623	0	1,152	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	OP PHARMACY	6,614	0	19,926	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	996,148	0	56	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
202.00	TOTAL (sum lines 118 through 201)	5,062,990	621,636	4,303,925	4,440,232	343,413	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Description			INTERNS & RESIDENTS					
			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES-SALAR		SERVICES-OTHER
						Y & FRINGES APPRV		PRGM COSTS APPRV
			15.00	16.00	17.00	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	00590	SHARED SERVICES						5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	9,716,516					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,548,260				16.00
17.00	01700	SOCIAL SERVICE	0	0	2,101,843			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	3,048,727		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		2,491,488	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,069	81,653	1,404,818	2,166,538	1,770,541	30.00
31.00	03100	INTENSIVE CARE UNIT	1,196	37,993	285,654	223,712	182,823	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	1	10,417	181,701	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	7,432	210,891	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,498	139,539	0	64,040	52,335	50.00
51.00	05100	RECOVERY ROOM	79	16,601	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,170	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	26,627	44,463	0	58,248	47,601	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,453	99,081	0	46,394	37,915	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	53	37,703	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	7,632	0	0	0	56.00
57.00	05700	CT SCAN	999	106,436	0	0	0	57.00
58.00	05800	MRI	6	45,633	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	39,477	0	0	0	59.00
60.00	06000	LABORATORY	22	202,384	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	32,445	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	17,229	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,435	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,397	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2	31,984	0	86,138	70,394	69.00
69.01	06901	CARDIAC REHAB	9	2,291	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,914	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	42,005	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	95,257	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,606,954	215,186	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	2,847	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	15	29,406	0	0	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	58,664	38,767	0	222,049	181,464	90.00
90.01	09001	WOODRIDGE	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	866	95,584	0	181,608	148,415	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	3	13,544	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	13,149	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	11,206	18,779			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,716,516	1,548,260	2,101,843	3,048,727	2,491,488	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	OP PHARMACY	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
200.00		Cross Foot Adjustments	15.00	16.00	17.00	21.00	22.00	
201.00		Negative Cost Centers	0	0	0	0	0	200.00
202.00		TOTAL (sum lines 118 through 201)	9,716,516	1,548,260	2,101,843	3,048,727	2,491,488	201.00
								202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00590	SHARED SERVICES				5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL				5.03
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	43,855,927	-3,937,079	39,918,848	30.00
31.00	03100	INTENSIVE CARE UNIT	16,166,669	-406,535	15,760,134	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	4,966,057	0	4,966,057	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00	04300	NURSERY	3,262,502	0	3,262,502	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,385,876	-116,375	22,269,501	50.00
51.00	05100	RECOVERY ROOM	1,613,474	0	1,613,474	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,312,439	0	6,312,439	52.00
53.00	05300	ANESTHESIOLOGY	596,162	-105,849	490,313	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,154,016	-84,309	9,069,707	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,891,211	0	2,891,211	55.00
56.00	05600	RADIOISOTOPE	634,885	0	634,885	56.00
57.00	05700	CT SCAN	1,947,679	0	1,947,679	57.00
58.00	05800	MRI	2,109,918	0	2,109,918	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,932,967	0	2,932,967	59.00
60.00	06000	LABORATORY	15,853,888	0	15,853,888	60.00
65.00	06500	RESPIRATORY THERAPY	5,002,847	0	5,002,847	65.00
66.00	06600	PHYSICAL THERAPY	4,524,938	0	4,524,938	66.00
67.00	06700	OCCUPATIONAL THERAPY	960,963	0	960,963	67.00
68.00	06800	SPEECH PATHOLOGY	345,822	0	345,822	68.00
69.00	06900	ELECTROCARDIOLOGY	1,759,873	-156,532	1,603,341	69.00
69.01	06901	CARDIAC REHAB	738,533	0	738,533	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,171,856	0	2,171,856	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,833,949	0	21,833,949	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,931,991	0	16,931,991	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	59,915,981	0	59,915,981	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	938,142	0	938,142	76.00
76.01	03950	HEART AND VASCULAR CNTR	2,992,357	0	2,992,357	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	8,643,310	-403,513	8,239,797	90.00
90.01	09001	WOODRIDGE	0	0	0	90.01
91.00	09100	EMERGENCY	9,274,237	-330,023	8,944,214	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00	04040	PARTIAL HOSP	1,644,665	0	1,644,665	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	11,946,793	0	11,946,793	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	5,358,575	0	5,358,575	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	289,668,502	-5,540,215	284,128,287	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	796,391	0	796,391	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,202,746	0	1,202,746	192.00
194.00	07950	FOUNDATION	245,335	0	245,335	194.00
194.01	07951	MARKETING	0	0	0	194.01
194.02	07952	OP PHARMACY	7,053,894	0	7,053,894	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	7,228,515	0	7,228,515	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
200.00	Cross Foot Adjustments	0	0	0		200.00
201.00	Negative Cost Centers	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	306,195,383	-5,540,215	300,655,168		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/15/2020 1:25 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	39,412	21,724	61,136	4.00
5.01	00590	SHARED SERVICES	0	222,768	122,791	345,559	5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	0	1,054,822	581,425	1,636,247	5.03
7.00	00700	OPERATION OF PLANT	0	9,797,954	5,400,690	15,198,644	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	38,812	21,393	60,205	9.00
10.00	01000	DIETARY	0	16,204	8,932	25,136	10.00
11.00	01100	CAFETERIA	0	65,466	36,085	101,551	11.00
13.00	01300	NURSING ADMINISTRATION	0	60,265	33,218	93,483	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	227,431	125,362	352,793	14.00
15.00	01500	PHARMACY	0	59,680	32,896	92,576	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	101,147	55,753	156,900	16.00
17.00	01700	SOCIAL SERVICE	0	26,907	14,831	41,738	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	10,719	5,908	16,627	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,964,832	1,083,028	3,047,860	30.00
31.00	03100	INTENSIVE CARE UNIT	0	252,473	139,165	391,638	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	131,122	72,275	203,397	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	649,095	357,785	1,006,880	50.00
51.00	05100	RECOVERY ROOM	0	41,752	23,014	64,766	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	7,541	4,157	11,698	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	264,314	145,692	410,006	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	45,436	25,044	70,480	56.00
57.00	05700	CT SCAN	0	8,648	4,767	13,415	57.00
58.00	05800	MRI	0	94,934	52,328	147,262	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	94,507	52,093	146,600	59.00
60.00	06000	LABORATORY	0	262,038	144,437	406,475	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,186	654	1,840	65.00
66.00	06600	PHYSICAL THERAPY	0	27,002	14,884	41,886	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	23,113	12,740	35,853	67.00
68.00	06800	SPEECH PATHOLOGY	0	15,477	8,531	24,008	68.00
69.00	06900	ELECTROCARDIOLOGY	0	76,232	42,020	118,252	69.00
69.01	06901	CARDIAC REHAB	0	29,642	16,339	45,981	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	73,481	40,503	113,984	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	130,805	72,101	202,906	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	311,963	171,956	483,919	90.00
90.01	09001	WOODRIDGE	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	274,527	151,321	425,848	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	106,649	58,786	165,435	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	16,608,356	9,154,628	25,762,984	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	49,024	27,023	76,047	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	FOUNDATION	0	18,528	10,213	28,741	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	OP PHARMACY	0	8,995	4,958	13,953	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
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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	
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	1,354,818	746,784	2,101,602	0	194.03
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	18,039,721	9,943,606	27,983,327	61,136	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet B
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Cost Center Description			SHARED SERVICES	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.01	5.03	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	00590	SHARED SERVICES	346,838					5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	65,869	1,702,764				5.03
7.00	00700	OPERATION OF PLANT	14,012	84,916	11,898,221			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	879	5,329	0	6,208		8.00
9.00	00900	HOUSEKEEPING	4,561	27,644	66,687	0	159,097	9.00
10.00	01000	DIETARY	526	3,188	27,843	0	374	10.00
11.00	01100	CAFETERIA	3,768	22,834	112,484	0	1,513	11.00
13.00	01300	NURSING ADMINISTRATION	3,839	23,263	103,548	0	1,392	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	390,775	0	5,255	14.00
15.00	01500	PHARMACY	8,566	51,910	102,543	0	1,379	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,145	6,937	173,793	0	2,337	16.00
17.00	01700	SOCIAL SERVICE	1,838	11,137	46,232	0	622	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,725	16,512	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,230	13,515	18,417	0	248	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,245	159,048	3,375,999	4,149	45,395	30.00
31.00	03100	INTENSIVE CARE UNIT	12,312	74,614	433,802	844	5,833	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	3,601	21,822	225,295	537	3,030	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	2,450	14,846	0	623	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,619	106,776	1,115,283	0	14,997	50.00
51.00	05100	RECOVERY ROOM	1,261	7,643	71,739	0	965	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,345	32,395	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	317	1,920	12,957	0	174	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,307	44,282	454,148	0	6,107	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,566	15,552	0	0	0	55.00
56.00	05600	RADIOISOTOPE	440	2,668	78,068	0	1,050	56.00
57.00	05700	CT SCAN	1,616	9,794	14,858	0	200	57.00
58.00	05800	MRI	1,601	9,705	163,117	0	2,193	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,309	13,992	162,384	0	2,184	59.00
60.00	06000	LABORATORY	13,278	80,466	450,236	0	6,054	60.00
65.00	06500	RESPIRATORY THERAPY	4,386	26,583	2,037	0	27	65.00
66.00	06600	PHYSICAL THERAPY	4,021	24,371	46,395	0	624	66.00
67.00	06700	OCCUPATIONAL THERAPY	800	4,849	39,713	0	534	67.00
68.00	06800	SPEECH PATHOLOGY	270	1,637	26,593	0	358	68.00
69.00	06900	ELECTROCARDIOLOGY	1,210	7,330	130,983	0	1,761	69.00
69.01	06901	CARDIAC REHAB	581	3,520	50,932	0	685	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,765	10,694	126,256	0	1,698	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,939	120,836	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,430	93,510	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,909	278,245	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	857	5,195	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	2,329	14,113	224,752	0	3,022	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,292	38,130	536,019	0	7,208	90.00
90.01	09001	WOODRIDGE	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	6,762	40,976	471,696	0	6,343	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	1,403	8,505	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	10,892	66,007	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,510	27,332	183,246	55	2,464	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	335,581	1,634,541	9,438,830	6,208	126,026	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	589	3,571	84,234	0	1,133	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,102	6,680	0	0	0	192.00
194.00	07950	FOUNDATION	174	1,053	31,836	0	428	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	OP PHARMACY	6,422	38,919	15,456	0	208	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	2,970	18,000	2,327,865	0	31,302	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	3,400,818	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
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To 12/31/2019Worksheet B
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Cost Center Description		SHARED SERVICES	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.01	5.03	7.00	8.00	9.00	
202.00	TOTAL (sum lines 118 through 201)	346,838	1,702,764	15,299,039	6,208	159,097	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	SHARED SERVICES						5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
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	57,067					10.00
11.00	01100	CAFETERIA	0	242,150				11.00
13.00	01300	NURSING ADMINISTRATION	0	4,182	231,217			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,358	0	215,306		14.00
15.00	01500	PHARMACY	0	10,474	0	5,135	275,800	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	84	0	2	0	16.00
17.00	01700	SOCIAL SERVICE	0	984	0	6	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	4,255	0	6	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,490	0	12	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	38,142	61,348	95,430	17,994	115	30.00
31.00	03100	INTENSIVE CARE UNIT	7,756	21,563	33,541	9,779	34	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	4,933	6,763	10,520	40	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	5,726	4,459	6,936	1	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	18,647	29,005	56,713	440	50.00
51.00	05100	RECOVERY ROOM	0	2,038	3,171	419	2	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,729	15,134	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	916	1,425	4,852	756	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,806	0	16,355	41	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,958	0	449	2	55.00
56.00	05600	RADIOISOTOPE	0	735	0	23	0	56.00
57.00	05700	CT SCAN	0	2,758	0	1,478	28	57.00
58.00	05800	MRI	0	2,068	0	470	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,031	0	26,496	0	59.00
60.00	06000	LABORATORY	0	18,744	0	36,990	1	60.00
65.00	06500	RESPIRATORY THERAPY	0	9,777	0	4,330	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,211	0	554	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	922	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	237	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,504	0	309	0	69.00
69.01	06901	CARDIAC REHAB	0	857	0	28	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,132	0	101	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	22,035	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	272,691	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	2,018	0	681	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	7,459	11,601	2,145	1,665	90.00
90.01	09001	WOODRIDGE	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	13,630	21,201	7,849	25	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	2,092	3,253	54	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	2,750	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	510	4,470	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	57,067	240,449	231,217	215,306	275,800	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	509	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3	0	0	0	192.00
194.00	07950	FOUNDATION	0	65	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	OP PHARMACY	0	1,121	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	3	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	537,283	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
202.00	TOTAL (sum lines 118 through 201)	57,067	242,150	231,217	752,589	275,800	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER		
					APPRV	PRGM COSTS APPRV		
			16.00	17.00	21.00	22.00	24.00	
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	00590	SHARED SERVICES						5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	341,222					16.00
17.00	01700	SOCIAL SERVICE	0	102,870				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	24,675			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		53,791		22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,015	68,755			6,968,944	30.00
31.00	03100	INTENSIVE CARE UNIT	8,382	13,981			1,018,424	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0			0	33.00
40.00	04000	SUBPROVIDER - IPF	2,298	8,893			492,587	40.00
41.00	04100	SUBPROVIDER - IRF	0	0			0	41.00
43.00	04300	NURSERY	1,640	10,322			47,855	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,787	0			2,401,949	50.00
51.00	05100	RECOVERY ROOM	3,663	0			156,182	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,568	0			68,030	52.00
53.00	05300	ANESTHESIOLOGY	9,810	0			44,956	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,860	0			973,791	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,319	0			30,857	55.00
56.00	05600	RADIOISOTOPE	1,684	0			155,303	56.00
57.00	05700	CT SCAN	23,483	0			68,281	57.00
58.00	05800	MRI	10,068	0			337,040	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,710	0			366,479	59.00
60.00	06000	LABORATORY	44,652	0			1,060,425	60.00
65.00	06500	RESPIRATORY THERAPY	7,158	0			57,774	65.00
66.00	06600	PHYSICAL THERAPY	3,801	0			124,700	66.00
67.00	06700	OCCUPATIONAL THERAPY	758	0			83,761	67.00
68.00	06800	SPEECH PATHOLOGY	308	0			53,516	68.00
69.00	06900	ELECTROCARDIOLOGY	7,057	0			268,829	69.00
69.01	06901	CARDIAC REHAB	505	0			103,320	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,187	0			258,148	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,268	0			172,078	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,016	0			129,956	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,106	0			643,951	73.00
74.00	07400	RENAL DIALYSIS	0	0			0	74.00
76.00	03020	IP RENAL DIALYSIS	628	0			6,680	76.00
76.01	03950	HEART AND VASCULAR CNTR	6,488	0			457,108	76.01
76.02	03952	DIABETES EDUCATION	0	0			0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,553	0			1,105,366	90.00
90.01	09001	WOODRIDGE	0	0			78	90.01
91.00	09100	EMERGENCY	21,089	0			1,017,973	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0			0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0			0	92.01
93.00	04040	PARTIAL HOSP	2,988	0			18,908	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,901	0			86,022	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,472	919			392,948	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	341,222	102,870	0	0	19,172,219	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			166,227	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0			7,786	192.00
194.00	07950	FOUNDATION	0	0			62,326	194.00
194.01	07951	MARKETING	0	0			0	194.01
194.02	07952	OP PHARMACY	0	0			76,460	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0			4,481,742	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
					21.00	22.00		
200.00		Cross Foot Adjustments	16.00	17.00	24,675	53,791	78,466	200.00
201.00		Negative Cost Centers	0	0	0	0	3,938,101	201.00
202.00		TOTAL (sum lines 118 through 201)	341,222	102,870	24,675	53,791	27,983,327	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			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	00590	SHARED SERVICES			5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL			5.03
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	6,968,944	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,018,424	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	492,587	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	47,855	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,401,949	50.00
51.00	05100	RECOVERY ROOM	0	156,182	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	68,030	52.00
53.00	05300	ANESTHESIOLOGY	0	44,956	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	973,791	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	30,857	55.00
56.00	05600	RADIOISOTOPE	0	155,303	56.00
57.00	05700	CT SCAN	0	68,281	57.00
58.00	05800	MRI	0	337,040	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	366,479	59.00
60.00	06000	LABORATORY	0	1,060,425	60.00
65.00	06500	RESPIRATORY THERAPY	0	57,774	65.00
66.00	06600	PHYSICAL THERAPY	0	124,700	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	83,761	67.00
68.00	06800	SPEECH PATHOLOGY	0	53,516	68.00
69.00	06900	ELECTROCARDIOLOGY	0	268,829	69.00
69.01	06901	CARDIAC REHAB	0	103,320	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	258,148	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	172,078	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	129,956	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	643,951	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	6,680	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	457,108	76.01
76.02	03952	DIABETES EDUCATION	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	1,105,366	90.00
90.01	09001	WOODRIDGE	0	78	90.01
91.00	09100	EMERGENCY	0	1,017,973	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04040	PARTIAL HOSP	0	18,908	93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	86,022	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	0	392,948	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	19,172,219	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	166,227	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	7,786	192.00
194.00	07950	FOUNDATION	0	62,326	194.00
194.01	07951	MARKETING	0	0	194.01
194.02	07952	OP PHARMACY	0	76,460	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	4,481,742	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
200.00	Cross Foot Adjustments	0	78,466		200.00
201.00	Negative Cost Centers	0	3,938,101		201.00
202.00	TOTAL (sum lines 118 through 201)	0	27,983,327		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet B-1

Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A.01	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,141,089				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,141,089			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,493	2,493	87,298,349		4.00
5.01	00590	SHARED SERVICES	14,091	14,091	1,827,289	-28,036,917	5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	66,722	66,722	925,455	0	5.03
7.00	00700	OPERATION OF PLANT	619,762	619,762	2,095,992	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,455	2,455	0	0	9.00
10.00	01000	DIETARY	1,025	1,025	0	0	10.00
11.00	01100	CAFETERIA	4,141	4,141	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,812	3,812	2,156,519	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,386	14,386	583,162	385,650	14.00
15.00	01500	PHARMACY	3,775	3,775	4,595,654	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,398	6,398	34,220	0	16.00
17.00	01700	SOCIAL SERVICE	1,702	1,702	447,432	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,681,996	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	678	678	1,789,097	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	124,284	124,284	14,886,555	0	30.00
31.00	03100	INTENSIVE CARE UNIT	15,970	15,970	6,206,517	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	8,294	8,294	2,082,509	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	1,216,943	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	41,058	41,058	6,860,368	0	50.00
51.00	05100	RECOVERY ROOM	2,641	2,641	735,047	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,655,306	0	52.00
53.00	05300	ANESTHESIOLOGY	477	477	186,489	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,719	16,719	4,113,558	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,444,245	0	55.00
56.00	05600	RADIOISOTOPE	2,874	2,874	221,874	0	56.00
57.00	05700	CT SCAN	547	547	929,714	0	57.00
58.00	05800	MRI	6,005	6,005	794,779	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,978	5,978	1,103,647	0	59.00
60.00	06000	LABORATORY	16,575	16,575	5,041,028	0	60.00
65.00	06500	RESPIRATORY THERAPY	75	75	2,337,420	0	65.00
66.00	06600	PHYSICAL THERAPY	1,708	1,708	1,195,642	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,462	1,462	474,615	0	67.00
68.00	06800	SPEECH PATHOLOGY	979	979	150,045	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,822	4,822	603,598	0	69.00
69.01	06901	CARDIAC REHAB	1,875	1,875	330,130	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	4,648	4,648	473,287	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	8,274	8,274	1,141,482	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	19,733	19,733	3,392,504	0	90.00
90.01	09001	WOODRIDGE	0	0	112,085	0	90.01
91.00	09100	EMERGENCY	17,365	17,365	3,648,998	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	0	875,531	0	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	4,960,475	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	6,746	6,746	2,192,769	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,050,549	1,050,549	86,503,976	-27,651,267	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,101	3,101	206,357	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,408	0	192.00
194.00	07950	FOUNDATION	1,172	1,172	41,607	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet B-1

Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A.01	5.01	
194.02	07952	OP PHARMACY	569	569	544,861	0	5,158,291	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	85,698	85,698	140	0	2,385,732	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	18,039,721	9,943,606	17,742,939		28,036,917	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.809215	8.714137	0.203245		0.100655	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			61,136		346,838	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000700		0.001245	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: 14-0122

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

Worksheet B-1

Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Description			Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATI ENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
			5A.03	5.03	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	00500	SHARED SERVICES						5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	-58,187,807	248,393,226				5.03
7.00	00700	OPERATION OF PLANT	0	12,387,417	438,021			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	777,385	0	53,500		8.00
9.00	00900	HOUSEKEEPING	0	4,032,626	2,455	0	435,566	9.00
10.00	01000	DIETARY	0	465,011	1,025	0	1,025	10.00
11.00	01100	CAFETERIA	0	3,330,949	4,141	0	4,141	11.00
13.00	01300	NURSING ADMINISTRATION	0	3,393,562	3,812	0	3,812	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	385,650	0	14,386	0	14,386	14.00
15.00	01500	PHARMACY	0	7,572,585	3,775	0	3,775	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,012,004	6,398	0	6,398	16.00
17.00	01700	SOCIAL SERVICE	0	1,624,589	1,702	0	1,702	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,408,809	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,971,589	678	0	678	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	23,201,773	124,284	35,758	124,284	30.00
31.00	03100	INTENSIVE CARE UNIT	0	10,884,578	15,970	7,271	15,970	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	3,183,335	8,294	4,625	8,294	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	2,165,743	0	5,368	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	15,576,318	41,058	0	41,058	50.00
51.00	05100	RECOVERY ROOM	0	1,114,937	2,641	0	2,641	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,725,690	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	280,045	477	0	477	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,459,837	16,719	0	16,719	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,268,697	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	389,241	2,874	0	2,874	56.00
57.00	05700	CT SCAN	0	1,428,731	547	0	547	57.00
58.00	05800	MRI	0	1,415,720	6,005	0	6,005	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,041,065	5,978	0	5,978	59.00
60.00	06000	LABORATORY	0	11,738,326	16,575	0	16,575	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,877,829	75	0	75	65.00
66.00	06600	PHYSICAL THERAPY	0	3,555,226	1,708	0	1,708	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	707,403	1,462	0	1,462	67.00
68.00	06800	SPEECH PATHOLOGY	0	238,732	979	0	979	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,069,284	4,822	0	4,822	69.00
69.01	06901	CARDIAC REHAB	0	513,438	1,875	0	1,875	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,559,958	4,648	0	4,648	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,627,445	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,641,190	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	40,586,269	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	757,780	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	2,058,734	8,274	0	8,274	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	5,562,401	19,733	0	19,733	90.00
90.01	09001	WOODRIDGE	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	5,977,585	17,365	0	17,365	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	1,240,732	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	9,629,089	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	3,987,117	6,746	478	6,746	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-57,802,157	238,440,774	347,481	53,500	345,026	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	521,005	3,101	0	3,101	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	974,424	0	0	0	192.00
194.00	07950	FOUNDATION	0	153,656	1,172	0	1,172	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	OP PHARMACY	0	5,677,499	569	0	569	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	2,625,868	85,698	0	85,698	194.03
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet B-1

Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATI ENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		5A.03	5.03	7.00	8.00	9.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)		58,187,807	15,289,256	959,493	5,062,990	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.234257	34.905304	17.934449	11.623933	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		1,702,764	15,299,039	6,208	159,097	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.006855	27.163586	0.116037	0.365265	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: 14-0122

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

Worksheet B-1

Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Description			DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	SHARED SERVICES						5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
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	53,500					10.00
11.00	01100	CAFETERIA	0	153,142				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,645	1,955,331			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,124	0	16,765,212		14.00
15.00	01500	PHARMACY	0	6,624	0	399,830	37,058,995	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	53	0	160	0	16.00
17.00	01700	SOCIAL SERVICE	0	622	0	456	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,691	0	492	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	942	0	945	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,758	38,799	807,026	1,401,157	15,518	30.00
31.00	03100	INTENSIVE CARE UNIT	7,271	13,637	283,646	761,480	4,560	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	4,625	4,277	88,962	3,141	4	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	5,368	2,820	58,655	63	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	11,793	245,288	4,415,760	59,108	50.00
51.00	05100	RECOVERY ROOM	0	1,289	26,817	32,625	303	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,153	127,983	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	579	12,052	377,851	101,558	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,834	0	1,273,524	5,541	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,871	0	34,993	203	55.00
56.00	05600	RADIOISOTOPE	0	465	0	1,818	0	56.00
57.00	05700	CT SCAN	0	1,744	0	115,122	3,811	57.00
58.00	05800	MRI	0	1,308	0	36,575	21	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,917	0	2,063,200	0	59.00
60.00	06000	LABORATORY	0	11,854	0	2,880,379	84	60.00
65.00	06500	RESPIRATORY THERAPY	0	6,183	0	337,156	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,398	0	43,151	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	583	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	150	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	951	0	24,059	6	69.00
69.01	06901	CARDIAC REHAB	0	542	0	2,180	34	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	716	0	7,888	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,715,827	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	36,641,128	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	1,276	0	52,996	57	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	4,717	98,107	166,993	223,745	90.00
90.01	09001	WOODRIDGE	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	8,620	179,286	611,185	3,304	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	1,323	27,509	4,206	10	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	1,739	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	478	2,827	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	53,500	152,066	1,955,331	16,765,212	37,058,995	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	322	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2	0	0	0	192.00
194.00	07950	FOUNDATION	0	41	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	OP PHARMACY	0	709	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	2	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet B-1

Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Description			DIETARY (TOTAL PATI ENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
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)	621,636	4,303,925	4,440,232	343,413	9,716,516	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.619364	28.104145	2.270834	0.020484	0.262190	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	57,067	242,150	231,217	752,589	275,800	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.066673	1.581212	0.118250	0.012842	0.007442	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: 14-0122

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

Worksheet B-1

Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGE S)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS			
					SERVICES-SALARY & FRINGES APPROV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPROV (ASSIGNED TIME)		
					16.00	17.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	SHARED SERVICES						5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,109,437,958					16.00
17.00	01700	SOCIAL SERVICE	0	53,500				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	56,842			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		56,842		22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	58,490,655	35,758	40,394	40,394		30.00
31.00	03100	INTENSIVE CARE UNIT	27,215,349	7,271	4,171	4,171		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
40.00	04000	SUBPROVIDER - IPF	7,462,111	4,625	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
43.00	04300	NURSERY	5,323,545	5,368	0	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	99,956,422	0	1,194	1,194		50.00
51.00	05100	RECOVERY ROOM	11,891,932	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,582,822	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	31,850,306	0	1,086	1,086		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	70,975,074	0	865	865		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	27,008,156	0	0	0		55.00
56.00	05600	RADIOISOTOPE	5,467,095	0	0	0		56.00
57.00	05700	CT SCAN	76,243,456	0	0	0		57.00
58.00	05800	MRI	32,688,253	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	28,278,656	0	0	0		59.00
60.00	06000	LABORATORY	144,974,453	0	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	23,241,325	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	12,341,780	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,460,847	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	1,000,752	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	22,911,518	0	1,606	1,606		69.00
69.01	06901	CARDIAC REHAB	1,641,147	0	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	7,101,523	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	30,089,570	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	68,235,354	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	154,514,117	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
76.00	03020	IP RENAL DIALYSIS	2,039,053	0	0	0		76.00
76.01	03950	HEART AND VASCULAR CNTR	21,064,250	0	0	0		76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0		76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	27,769,896	0	4,140	4,140		90.00
90.01	09001	WOODRIDGE	0	0	0	0		90.01
91.00	09100	EMERGENCY	68,470,099	0	3,386	3,386		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
93.00	04040	PARTIAL HOSP	9,702,318	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	9,419,202	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	8,026,922	478				116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,109,437,958	53,500	56,842	56,842		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00	07950	FOUNDATION	0	0	0	0		194.00
194.01	07951	MARKETING	0	0	0	0		194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet B-1

Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS			
					SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			16.00	17.00	21.00	22.00		
194.02	07952	OP PHARMACY	0	0	0	0		194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,548,260	2,101,843	3,048,727	2,491,488		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001396	39.286785	53.635111	43.831815		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	341,222	102,870	24,675	53,791		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000308	1.922804	0.434098	0.946325		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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/15/2020 1:25 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	39,918,848		39,918,848	0	39,918,848	30.00	
31.00	03100	INTENSIVE CARE UNIT	15,760,134		15,760,134	9,346	15,769,480	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00	
40.00	04000	SUBPROVIDER - IPF	4,966,057		4,966,057	7,544	4,973,601	40.00	
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00	
43.00	04300	NURSERY	3,262,502		3,262,502	0	3,262,502	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	22,269,501		22,269,501	422	22,269,923	50.00	
51.00	05100	RECOVERY ROOM	1,613,474		1,613,474	0	1,613,474	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,312,439		6,312,439	0	6,312,439	52.00	
53.00	05300	ANESTHESIOLOGY	490,313		490,313	244	490,557	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,069,707		9,069,707	20,337	9,090,044	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	2,891,211		2,891,211	24,254	2,915,465	55.00	
56.00	05600	RADIOISOTOPE	634,885		634,885	0	634,885	56.00	
57.00	05700	CT SCAN	1,947,679		1,947,679	0	1,947,679	57.00	
58.00	05800	MRI	2,109,918		2,109,918	0	2,109,918	58.00	
59.00	05900	CARDIAC CATHETERIZATION	2,932,967		2,932,967	71,725	3,004,692	59.00	
60.00	06000	LABORATORY	15,853,888		15,853,888	0	15,853,888	60.00	
65.00	06500	RESPIRATORY THERAPY	5,002,847	0	5,002,847	0	5,002,847	65.00	
66.00	06600	PHYSICAL THERAPY	4,524,938	0	4,524,938	0	4,524,938	66.00	
67.00	06700	OCCUPATIONAL THERAPY	960,963	0	960,963	0	960,963	67.00	
68.00	06800	SPEECH PATHOLOGY	345,822	0	345,822	0	345,822	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,603,341		1,603,341	0	1,603,341	69.00	
69.01	06901	CARDIAC REHAB	738,533		738,533	0	738,533	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	2,171,856		2,171,856	34,345	2,206,201	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,833,949		21,833,949	0	21,833,949	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,931,991		16,931,991	0	16,931,991	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	59,915,981		59,915,981	0	59,915,981	73.00	
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00	
76.00	03020	IP RENAL DIALYSIS	938,142		938,142	0	938,142	76.00	
76.01	03950	HEART AND VASCULAR CNTR	2,992,357		2,992,357	0	2,992,357	76.01	
76.02	03952	DIABETES EDUCATION	0		0	0	0	76.02	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	8,239,797		8,239,797	13,620	8,253,417	90.00	
90.01	09001	WOODRIDGE	0		0	0	0	90.01	
91.00	09100	EMERGENCY	8,944,214		8,944,214	9,739	8,953,953	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,865,931		3,865,931	0	3,865,931	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01	
93.00	04040	PARTIAL HOSP	1,644,665		1,644,665	0	1,644,665	93.00	
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	11,946,793		11,946,793		11,946,793	101.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	5,358,575		5,358,575		5,358,575	116.00	
200.00		Subtotal (see instructions)	287,994,218	0	287,994,218	191,576	288,185,794	200.00	
201.00		Less Observation Beds	3,865,931		3,865,931		3,865,931	201.00	
202.00		Total (see instructions)	284,128,287	0	284,128,287	191,576	284,319,863	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/15/2020 1:25 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	49,973,334		49,973,334		30.00
31.00	03100	INTENSIVE CARE UNIT	27,215,349		27,215,349		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
40.00	04000	SUBPROVIDER - IPF	7,462,111		7,462,111		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	5,323,545		5,323,545		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	37,934,941	62,021,481	99,956,422	0.222792	50.00
51.00	05100	RECOVERY ROOM	4,405,482	7,486,450	11,891,932	0.135678	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,140,473	442,349	11,582,822	0.544983	52.00
53.00	05300	ANESTHESIOLOGY	14,331,811	17,518,495	31,850,306	0.015394	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,846,319	56,128,755	70,975,074	0.127787	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	130,693	26,877,463	27,008,156	0.107050	55.00
56.00	05600	RADIOISOTOPE	1,312,684	4,154,411	5,467,095	0.116128	56.00
57.00	05700	CT SCAN	21,913,847	54,329,609	76,243,456	0.025546	57.00
58.00	05800	MRI	6,085,577	26,602,676	32,688,253	0.064547	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,875,893	20,402,763	28,278,656	0.103717	59.00
60.00	06000	LABORATORY	44,173,306	100,801,147	144,974,453	0.109356	60.00
65.00	06500	RESPIRATORY THERAPY	21,965,428	1,275,897	23,241,325	0.215257	65.00
66.00	06600	PHYSICAL THERAPY	3,968,237	8,373,543	12,341,780	0.366636	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,264,058	196,789	2,460,847	0.390501	67.00
68.00	06800	SPEECH PATHOLOGY	966,520	34,232	1,000,752	0.345562	68.00
69.00	06900	ELECTROCARDIOLOGY	9,168,216	13,743,302	22,911,518	0.069980	69.00
69.01	06901	CARDIAC REHAB	96,601	1,544,546	1,641,147	0.450010	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	372,868	6,728,655	7,101,523	0.305830	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,561,359	15,528,211	30,089,570	0.725632	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,360,182	38,875,172	68,235,354	0.248141	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,576,794	110,937,323	154,514,117	0.387770	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
76.00	03020	IP RENAL DIALYSIS	1,939,918	99,135	2,039,053	0.460087	76.00
76.01	03950	HEART AND VASCULAR CNTR	16,596	21,047,654	21,064,250	0.142059	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	274,781	27,495,115	27,769,896	0.296717	90.00
90.01	09001	WOODRIDGE	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	22,574,634	45,895,465	68,470,099	0.130629	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,030,696	6,486,625	8,517,321	0.453890	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
93.00	04040	PARTIAL HOSP	3,582	9,698,736	9,702,318	0.169513	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	9,419,202	9,419,202		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	8,026,922	8,026,922		116.00
200.00		Subtotal (see instructions)	407,265,835	702,172,123	1,109,437,958		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	407,265,835	702,172,123	1,109,437,958		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.222796		50.00
51.00	05100	RECOVERY ROOM	0.135678		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.544983		52.00
53.00	05300	ANESTHESIOLOGY	0.015402		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.128074		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.107948		55.00
56.00	05600	RADIOISOTOPE	0.116128		56.00
57.00	05700	CT SCAN	0.025546		57.00
58.00	05800	MRI	0.064547		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.106253		59.00
60.00	06000	LABORATORY	0.109356		60.00
65.00	06500	RESPIRATORY THERAPY	0.215257		65.00
66.00	06600	PHYSICAL THERAPY	0.366636		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.390501		67.00
68.00	06800	SPEECH PATHOLOGY	0.345562		68.00
69.00	06900	ELECTROCARDIOLOGY	0.069980		69.00
69.01	06901	CARDIAC REHAB	0.450010		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.310666		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.725632		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.248141		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.387770		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03020	IP RENAL DIALYSIS	0.460087		76.00
76.01	03950	HEART AND VASCULAR CNTR	0.142059		76.01
76.02	03952	DIABETES EDUCATION	0.000000		76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.297207		90.00
90.01	09001	WOODRIDGE	0.000000		90.01
91.00	09100	EMERGENCY	0.130772		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.453890		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04040	PARTIAL HOSP	0.169513		93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/15/2020 1:25 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	39,918,848		39,918,848	0	39,918,848	30.00
31.00	03100	INTENSIVE CARE UNIT	15,760,134		15,760,134	9,346	15,769,480	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	4,966,057		4,966,057	7,544	4,973,601	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
43.00	04300	NURSERY	3,262,502		3,262,502	0	3,262,502	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,269,501		22,269,501	422	22,269,923	50.00
51.00	05100	RECOVERY ROOM	1,613,474		1,613,474	0	1,613,474	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,312,439		6,312,439	0	6,312,439	52.00
53.00	05300	ANESTHESIOLOGY	490,313		490,313	244	490,557	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,069,707		9,069,707	20,337	9,090,044	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,891,211		2,891,211	24,254	2,915,465	55.00
56.00	05600	RADIOISOTOPE	634,885		634,885	0	634,885	56.00
57.00	05700	CT SCAN	1,947,679		1,947,679	0	1,947,679	57.00
58.00	05800	MRI	2,109,918		2,109,918	0	2,109,918	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,932,967		2,932,967	71,725	3,004,692	59.00
60.00	06000	LABORATORY	15,853,888		15,853,888	0	15,853,888	60.00
65.00	06500	RESPIRATORY THERAPY	5,002,847	0	5,002,847	0	5,002,847	65.00
66.00	06600	PHYSICAL THERAPY	4,524,938	0	4,524,938	0	4,524,938	66.00
67.00	06700	OCCUPATIONAL THERAPY	960,963	0	960,963	0	960,963	67.00
68.00	06800	SPEECH PATHOLOGY	345,822	0	345,822	0	345,822	68.00
69.00	06900	ELECTROCARDIOLOGY	1,603,341		1,603,341	0	1,603,341	69.00
69.01	06901	CARDIAC REHAB	738,533		738,533	0	738,533	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,171,856		2,171,856	34,345	2,206,201	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,833,949		21,833,949	0	21,833,949	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,931,991		16,931,991	0	16,931,991	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	59,915,981		59,915,981	0	59,915,981	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	938,142		938,142	0	938,142	76.00
76.01	03950	HEART AND VASCULAR CNTR	2,992,357		2,992,357	0	2,992,357	76.01
76.02	03952	DIABETES EDUCATION	0		0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,239,797		8,239,797	13,620	8,253,417	90.00
90.01	09001	WOODRIDGE	0		0	0	0	90.01
91.00	09100	EMERGENCY	8,944,214		8,944,214	9,739	8,953,953	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,865,931		3,865,931		3,865,931	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
93.00	04040	PARTIAL HOSP	1,644,665		1,644,665	0	1,644,665	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	11,946,793		11,946,793		11,946,793	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,358,575		5,358,575		5,358,575	116.00
200.00		Subtotal (see instructions)	287,994,218	0	287,994,218	191,576	288,185,794	200.00
201.00		Less Observation Beds	3,865,931		3,865,931		3,865,931	201.00
202.00		Total (see instructions)	284,128,287	0	284,128,287	191,576	284,319,863	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/15/2020 1:25 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	49,973,334		49,973,334		30.00
31.00	03100	INTENSIVE CARE UNIT	27,215,349		27,215,349		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
40.00	04000	SUBPROVIDER - IPF	7,462,111		7,462,111		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	5,323,545		5,323,545		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	37,934,941	62,021,481	99,956,422	0.222792	50.00
51.00	05100	RECOVERY ROOM	4,405,482	7,486,450	11,891,932	0.135678	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,140,473	442,349	11,582,822	0.544983	52.00
53.00	05300	ANESTHESIOLOGY	14,331,811	17,518,495	31,850,306	0.015394	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,846,319	56,128,755	70,975,074	0.127787	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	130,693	26,877,463	27,008,156	0.107050	55.00
56.00	05600	RADIOISOTOPE	1,312,684	4,154,411	5,467,095	0.116128	56.00
57.00	05700	CT SCAN	21,913,847	54,329,609	76,243,456	0.025546	57.00
58.00	05800	MRI	6,085,577	26,602,676	32,688,253	0.064547	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,875,893	20,402,763	28,278,656	0.103717	59.00
60.00	06000	LABORATORY	44,173,306	100,801,147	144,974,453	0.109356	60.00
65.00	06500	RESPIRATORY THERAPY	21,965,428	1,275,897	23,241,325	0.215257	65.00
66.00	06600	PHYSICAL THERAPY	3,968,237	8,373,543	12,341,780	0.366636	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,264,058	196,789	2,460,847	0.390501	67.00
68.00	06800	SPEECH PATHOLOGY	966,520	34,232	1,000,752	0.345562	68.00
69.00	06900	ELECTROCARDIOLOGY	9,168,216	13,743,302	22,911,518	0.069980	69.00
69.01	06901	CARDIAC REHAB	96,601	1,544,546	1,641,147	0.450010	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	372,868	6,728,655	7,101,523	0.305830	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,561,359	15,528,211	30,089,570	0.725632	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,360,182	38,875,172	68,235,354	0.248141	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,576,794	110,937,323	154,514,117	0.387770	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
76.00	03020	IP RENAL DIALYSIS	1,939,918	99,135	2,039,053	0.460087	76.00
76.01	03950	HEART AND VASCULAR CNTR	16,596	21,047,654	21,064,250	0.142059	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	274,781	27,495,115	27,769,896	0.296717	90.00
90.01	09001	WOODRIDGE	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	22,574,634	45,895,465	68,470,099	0.130629	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,030,696	6,486,625	8,517,321	0.453890	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
93.00	04040	PARTIAL HOSP	3,582	9,698,736	9,702,318	0.169513	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	9,419,202	9,419,202		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	8,026,922	8,026,922		116.00
200.00		Subtotal (see instructions)	407,265,835	702,172,123	1,109,437,958		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	407,265,835	702,172,123	1,109,437,958		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
40.00	04000	SUBPROVIDER - IPF			40.00
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901	CARDIAC REHAB	0.000000		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03020	IP RENAL DIALYSIS	0.000000		76.00
76.01	03950	HEART AND VASCULAR CNTR	0.000000		76.01
76.02	03952	DIABETES EDUCATION	0.000000		76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	WOODRIDGE	0.000000		90.01
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04040	PARTIAL HOSP	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
7/15/2020 1:25 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	6,968,944	0	6,968,944	38,732	179.93	30.00
31.00	INTENSIVE CARE UNIT	1,018,424		1,018,424	7,271	140.07	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
40.00	SUBPROVIDER - IPF	492,587	0	492,587	4,625	106.51	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	47,855		47,855	5,368	8.91	43.00
200.00	Total (lines 30 through 199)	8,527,810		8,527,810	55,996		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	13,672	2,460,003				30.00
31.00	INTENSIVE CARE UNIT	1,446	202,541				31.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
40.00	SUBPROVIDER - IPF	531	56,557				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	15,649	2,719,101				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part II
Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,401,949	99,956,422	0.024030	16,561,980	397,984 50.00
51.00	05100	RECOVERY ROOM	156,182	11,891,932	0.013133	1,842,043	24,192 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	68,030	11,582,822	0.005873	15,245	90 52.00
53.00	05300	ANESTHESIOLOGY	44,956	31,850,306	0.001411	5,299,829	7,478 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	973,791	70,975,074	0.013720	6,829,987	93,707 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	30,857	27,008,156	0.001143	130,693	149 55.00
56.00	05600	RADIOISOTOPE	155,303	5,467,095	0.028407	766,883	21,785 56.00
57.00	05700	CT SCAN	68,281	76,243,456	0.000896	10,420,416	9,337 57.00
58.00	05800	MRI	337,040	32,688,253	0.010311	2,547,595	26,268 58.00
59.00	05900	CARDIAC CATHETERIZATION	366,479	28,278,656	0.012960	3,858,472	50,006 59.00
60.00	06000	LABORATORY	1,060,425	144,974,453	0.007315	17,674,726	129,291 60.00
65.00	06500	RESPIRATORY THERAPY	57,774	23,241,325	0.002486	8,369,010	20,805 65.00
66.00	06600	PHYSICAL THERAPY	124,700	12,341,780	0.010104	1,976,540	19,971 66.00
67.00	06700	OCCUPATIONAL THERAPY	83,761	2,460,847	0.034037	1,285,109	43,741 67.00
68.00	06800	SPEECH PATHOLOGY	53,516	1,000,752	0.053476	405,595	21,690 68.00
69.00	06900	ELECTROCARDIOLOGY	268,829	22,911,518	0.011733	4,533,763	53,195 69.00
69.01	06901	CARDIAC REHAB	103,320	1,641,147	0.062956	44,550	2,805 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	258,148	7,101,523	0.036351	127,785	4,645 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	172,078	30,089,570	0.005719	5,604,418	32,052 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	129,956	68,235,354	0.001905	13,558,053	25,828 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	643,951	154,514,117	0.004168	15,535,474	64,752 73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0 74.00
76.00	03020	IP RENAL DIALYSIS	6,680	2,039,053	0.003276	1,045,465	3,425 76.00
76.01	03950	HEART AND VASCULAR CNTR	457,108	21,064,250	0.021701	15,423	335 76.01
76.02	03952	DIABETES EDUCATION	0	0	0.000000	0	0 76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,105,366	27,769,896	0.039804	24,914	992 90.00
90.01	09001	WOODRIDGE	78	0	0.000000	0	0 90.01
91.00	09100	EMERGENCY	1,017,973	68,470,099	0.014867	9,445,645	140,428 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	674,907	8,517,321	0.079239	1,066,261	84,489 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0 92.01
93.00	04040	PARTIAL HOSP	18,908	9,702,318	0.001949	0	0 93.00
200.00		Total (lines 50 through 199)	10,840,346	1,002,017,495		128,985,874	1,279,440 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0122		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 7/15/2020 1:25 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	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	0	200.00
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	38,732	0.00	13,672	0.00	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	7,271	0.00	1,446	0.00	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	0.00	33.00	
40.00	04000	SUBPROVIDER - IPF	0	0	4,625	0.00	531	0.00	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	0.00	41.00	
43.00	04300	NURSERY	0	0	5,368	0.00	0	0.00	43.00	
200.00		Total (lines 30 through 199)	0	0	55,996		15,649		200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
					9.00					
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0							30.00
31.00	03100	INTENSIVE CARE UNIT	0							31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0							33.00
40.00	04000	SUBPROVIDER - IPF	0							40.00
41.00	04100	SUBPROVIDER - IRF	0							41.00
43.00	04300	NURSERY	0							43.00
200.00		Total (lines 30 through 199)	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0122		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/15/2020 1:25 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	0	0	0	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOODRIDGE	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
7/15/2020 1:25 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	99,956,422	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	11,891,932	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	11,582,822	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	31,850,306	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	70,975,074	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	27,008,156	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,467,095	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	76,243,456	0.000000	57.00
58.00	05800	MRI	0	0	0	32,688,253	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	28,278,656	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	144,974,453	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	23,241,325	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,341,780	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,460,847	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,000,752	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	22,911,518	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	1,641,147	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,101,523	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	30,089,570	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	68,235,354	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	154,514,117	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	2,039,053	0.000000	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	0	0	21,064,250	0.000000	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	27,769,896	0.000000	90.00
90.01	09001	WOODRIDGE	0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	68,470,099	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	8,517,321	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
93.00	04040	PARTIAL HOSP	0	0	0	9,702,318	0.000000	93.00
200.00	Total (lines 50 through 199)		0	0	0	1,002,017,495		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
7/15/2020 1:25 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	0.000000	16,561,980	0	16,697,810	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	1,842,043	0	1,344,212	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	15,245	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	5,299,829	0	3,760,405	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	6,829,987	0	9,598,964	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	130,693	0	122,653	0	55.00	
56.00	05600	RADIOISOTOPE	0.000000	766,883	0	1,679,274	0	56.00	
57.00	05700	CT SCAN	0.000000	10,420,416	0	14,731,449	0	57.00	
58.00	05800	MRI	0.000000	2,547,595	0	5,812,969	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	3,858,472	0	9,127,165	0	59.00	
60.00	06000	LABORATORY	0.000000	17,674,726	0	6,820,225	0	60.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	8,369,010	0	395,739	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	1,976,540	0	50,311	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,285,109	0	27,278	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	405,595	0	5,217	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,533,763	0	3,639,294	0	69.00	
69.01	06901	CARDIAC REHAB	0.000000	44,550	0	688,850	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	127,785	0	1,756,945	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	5,604,418	0	3,162,464	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	13,558,053	0	15,954,581	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	15,535,474	0	3,738,246	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00	
76.00	03020	IP RENAL DIALYSIS	0.000000	1,045,465	0	99,135	0	76.00	
76.01	03950	HEART AND VASCULAR CNTR	0.000000	15,423	0	10,056,668	0	76.01	
76.02	03952	DIABETES EDUCATION	0.000000	0	0	0	0	76.02	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	24,914	0	1,352,363	0	90.00	
90.01	09001	WOODRIDGE	0.000000	0	0	0	0	90.01	
91.00	09100	EMERGENCY	0.000000	9,445,645	0	7,980,917	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,066,261	0	1,716,272	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01	
93.00	04040	PARTIAL HOSP	0.000000	0	0	981,434	0	93.00	
200.00		Total (lines 50 through 199)		128,985,874	0	121,300,840	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
7/15/2020 1:25 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	0.222792	16,697,810	0	0	3,720,138	50.00
51.00	05100	RECOVERY ROOM	0.135678	1,344,212	0	0	182,380	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.544983	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.015394	3,760,405	0	0	57,888	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.127787	9,598,964	0	0	1,226,623	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.107050	122,653	0	0	13,130	55.00
56.00	05600	RADIOISOTOPE	0.116128	1,679,274	0	0	195,011	56.00
57.00	05700	CT SCAN	0.025546	14,731,449	0	0	376,330	57.00
58.00	05800	MRI	0.064547	5,812,969	0	0	375,210	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.103717	9,127,165	0	0	946,642	59.00
60.00	06000	LABORATORY	0.109356	6,820,225	6,750	0	745,833	60.00
65.00	06500	RESPIRATORY THERAPY	0.215257	395,739	0	0	85,186	65.00
66.00	06600	PHYSICAL THERAPY	0.366636	50,311	0	0	18,446	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.390501	27,278	0	0	10,652	67.00
68.00	06800	SPEECH PATHOLOGY	0.345562	5,217	0	0	1,803	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069980	3,639,294	0	0	254,678	69.00
69.01	06901	CARDIAC REHAB	0.450010	688,850	0	0	309,989	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.305830	1,756,945	0	0	537,326	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.725632	3,162,464	1,742	0	2,294,785	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.248141	15,954,581	0	0	3,958,986	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.387770	3,738,246	411	108,836	1,449,580	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0.460087	99,135	0	0	45,611	76.00
76.01	03950	HEART AND VASCULAR CNTR	0.142059	10,056,668	0	0	1,428,640	76.01
76.02	03952	DIABETES EDUCATION	0.000000	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.296717	1,352,363	0	6	401,269	90.00
90.01	09001	WOODRIDGE	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.130629	7,980,917	0	36	1,042,539	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.453890	1,716,272	0	0	778,999	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0.169513	981,434	0	0	166,366	93.00
200.00		Subtotal (see instructions)		121,300,840	8,903	108,878	20,624,040	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		121,300,840	8,903	108,878	20,624,040	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0122		Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 7/15/2020 1:25 pm
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	738	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	CARDIAC REHAB	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,264	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	159	42,203		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	IP RENAL DIALYSIS	0	0		76.00
76.01	03950	HEART AND VASCULAR CNTR	0	0		76.01
76.02	03952	DIABETES EDUCATION	0	0		76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	2		90.00
90.01	09001	WOODRIDGE	0	0		90.01
91.00	09100	EMERGENCY	0	5		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00	04040	PARTIAL HOSP	0	0		93.00
200.00		Subtotal (see instructions)	2,161	42,210		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	2,161	42,210		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0122

Period:

Worksheet D

Component CCN: 14-S122

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
7/15/2020 1:25 pm

Title XVIII

Subprovider -

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	2,401,949	99,956,422	0.024030	0	0	50.00
51.00	05100 RECOVERY ROOM	156,182	11,891,932	0.013133	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	68,030	11,582,822	0.005873	0	0	52.00
53.00	05300 ANESTHESIOLOGY	44,956	31,850,306	0.001411	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	973,791	70,975,074	0.013720	4,177	57	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	30,857	27,008,156	0.001143	0	0	55.00
56.00	05600 RADIOISOTOPE	155,303	5,467,095	0.028407	0	0	56.00
57.00	05700 CT SCAN	68,281	76,243,456	0.000896	4,940	4	57.00
58.00	05800 MRI	337,040	32,688,253	0.010311	10,300	106	58.00
59.00	05900 CARDIAC CATHETERIZATION	366,479	28,278,656	0.012960	0	0	59.00
60.00	06000 LABORATORY	1,060,425	144,974,453	0.007315	65,036	476	60.00
65.00	06500 RESPIRATORY THERAPY	57,774	23,241,325	0.002486	22,034	55	65.00
66.00	06600 PHYSICAL THERAPY	124,700	12,341,780	0.010104	2,731	28	66.00
67.00	06700 OCCUPATIONAL THERAPY	83,761	2,460,847	0.034037	367	12	67.00
68.00	06800 SPEECH PATHOLOGY	53,516	1,000,752	0.053476	2,226	119	68.00
69.00	06900 ELECTROCARDIOLOGY	268,829	22,911,518	0.011733	7,455	87	69.00
69.01	06901 CARDIAC REHAB	103,320	1,641,147	0.062956	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	258,148	7,101,523	0.036351	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	172,078	30,089,570	0.005719	9	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	129,956	68,235,354	0.001905	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	643,951	154,514,117	0.004168	97,539	407	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
76.00	03020 IP RENAL DIALYSIS	6,680	2,039,053	0.003276	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	457,108	21,064,250	0.021701	0	0	76.01
76.02	03952 DIABETES EDUCATION	0	0	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,105,366	27,769,896	0.039804	0	0	90.00
90.01	09001 WOODRIDGE	78	0	0.000000	0	0	90.01
91.00	09100 EMERGENCY	1,017,973	68,470,099	0.014867	91,279	1,357	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	8,517,321	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04040 PARTIAL HOSP	18,908	9,702,318	0.001949	2,616	5	93.00
200.00	Total (lines 50 through 199)	10,165,439	1,002,017,495		310,709	2,713	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0122 Component CCN: 14-S122		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/15/2020 1:25 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
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
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB		0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS		0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR		0	0	0	0	0	76.01
76.02	03952	DIABETES EDUCATION		0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	WOODRIDGE		0	0	0	0	0	90.01
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP		0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0122 Component CCN: 14-S122		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/15/2020 1:25 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	99,956,422	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	11,891,932	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	11,582,822	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	31,850,306	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	70,975,074	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	27,008,156	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	5,467,095	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	76,243,456	0.000000	57.00
58.00	05800	MRI		0	0	0	32,688,253	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	28,278,656	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	144,974,453	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	23,241,325	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	12,341,780	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	2,460,847	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	1,000,752	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	22,911,518	0.000000	69.00
69.01	06901	CARDIAC REHAB		0	0	0	1,641,147	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	7,101,523	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	30,089,570	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	68,235,354	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	154,514,117	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0.000000	74.00
76.00	03020	IP RENAL DIALYSIS		0	0	0	2,039,053	0.000000	76.00
76.01	03950	HEART AND VASCULAR CNTR		0	0	0	21,064,250	0.000000	76.01
76.02	03952	DIABETES EDUCATION		0	0	0	0	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	27,769,896	0.000000	90.00
90.01	09001	WOODRIDGE		0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY		0	0	0	68,470,099	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	8,517,321	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0.000000	92.01
93.00	04040	PARTIAL HOSP		0	0	0	9,702,318	0.000000	93.00
200.00		Total (lines 50 through 199)		0	0	0	1,002,017,495		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0122 Component CCN: 14-S122		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/15/2020 1:25 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
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	4,177	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	4,940	0	0	0	57.00
58.00	05800	MRI		0.000000	10,300	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	65,036	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY		0.000000	22,034	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	2,731	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	367	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	2,226	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	7,455	0	0	0	69.00
69.01	06901	CARDIAC REHAB		0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	9	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	97,539	0	105	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS		0.000000	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR		0.000000	0	0	0	0	76.01
76.02	03952	DIABETES EDUCATION		0.000000	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	WOODRIDGE		0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY		0.000000	91,279	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.000000	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP		0.000000	2,616	0	0	0	93.00
200.00		Total (lines 50 through 199)			310,709	0	105	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0122 Component CCN: 14-S122		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 7/15/2020 1:25 pm	
				Title XVIII		Subprovider - IPF		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	0.222792	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0.135678	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.544983	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.015394	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.127787	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.107050	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0.116128	0	0	0	0	56.00	
57.00	05700	CT SCAN	0.025546	0	0	0	0	57.00	
58.00	05800	MRI	0.064547	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.103717	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.109356	0	0	0	0	60.00	
65.00	06500	RESPIRATORY THERAPY	0.215257	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.366636	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.390501	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.345562	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.069980	0	0	0	0	69.00	
69.01	06901	CARDIAC REHAB	0.450010	0	0	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.305830	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.725632	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.248141	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.387770	105	0	137	41	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00	
76.00	03020	IP RENAL DIALYSIS	0.460087	0	0	0	0	76.00	
76.01	03950	HEART AND VASCULAR CNTR	0.142059	0	0	0	0	76.01	
76.02	03952	DIABETES EDUCATION	0.000000	0	0	0	0	76.02	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.296717	0	0	0	0	90.00	
90.01	09001	WOODRIDGE	0.000000	0	0	0	0	90.01	
91.00	09100	EMERGENCY	0.130629	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.453890	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01	
93.00	04040	PARTIAL HOSP	0.169513	0	0	0	0	93.00	
200.00		Subtotal (see instructions)		105	0	137	41	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		105	0	137	41	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0122

Period:

Worksheet D

Component CCN: 14-S122

From 01/01/2019
To 12/31/2019Part V
Date/Time Prepared:
7/15/2020 1:25 pm

Title XVIII

Subprovider -
IPF

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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	69.01
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	53	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WOODRIDGE	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04040	PARTIAL HOSP	0	0	93.00
200.00		Subtotal (see instructions)	0	53	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	53	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0122	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/15/2020 1:25 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)		38,732	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,732	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)		34,981	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)		13,672	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)		39,918,848	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)		39,918,848	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)		39,918,848	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)		1,030.64	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,090,910	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)		14,090,910	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0122

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

Worksheet D-1

Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	15,769,480	7,271	2,168.82	1,446	3,136,114	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description						
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					26,991,373	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					44,218,397	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)					2,662,544	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,279,440	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,941,984	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					40,276,413	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					3,751	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,030.64	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,865,931	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0122

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

Worksheet D-1

Date/Time Prepared:
7/15/2020 1:25 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	6,968,944	39,918,848	0.174578	3,865,931	674,907	90.00
91.00 Nursing School cost	0	39,918,848	0.000000	3,865,931	0	91.00
92.00 Allied health cost	0	39,918,848	0.000000	3,865,931	0	92.00
93.00 All other Medical Education	0	39,918,848	0.000000	3,865,931	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0122 Component CCN: 14-S122	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/15/2020 1:25 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,625	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,625	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)		4,625	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)		531	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)		4,973,601	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)		4,973,601	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)		4,973,601	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)		1,075.37	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		571,021	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)		571,021	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0122 Component CCN: 14-S122		Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/15/2020 1:25 pm
		Title XVIII		Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					65,826
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					636,847
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					56,557
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,713
52.00 Total Program excludable cost (sum of lines 50 and 51)					59,270
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					577,577
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0122 Component CCN: 14-S122		Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/15/2020 1:25 pm	
		Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	492,587	4,973,601	0.099040	0	0 90.00
91.00	Nursing School cost	0	4,973,601	0.000000	0	0 91.00
92.00	Allied health cost	0	4,973,601	0.000000	0	0 92.00
93.00	All other Medical Education	0	4,973,601	0.000000	0	0 93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0122	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 7/15/2020 1:25 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		18,029,341	30.00
31.00	03100	INTENSIVE CARE UNIT		3,524,556	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.222796	16,561,980	50.00
51.00	05100	RECOVERY ROOM	0.135678	1,842,043	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.544983	15,245	52.00
53.00	05300	ANESTHESIOLOGY	0.015402	5,299,829	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.128074	6,829,987	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.107948	130,693	55.00
56.00	05600	RADIOISOTOPE	0.116128	766,883	56.00
57.00	05700	CT SCAN	0.025546	10,420,416	57.00
58.00	05800	MRI	0.064547	2,547,595	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.106253	3,858,472	59.00
60.00	06000	LABORATORY	0.109356	17,674,726	60.00
65.00	06500	RESPIRATORY THERAPY	0.215257	8,369,010	65.00
66.00	06600	PHYSICAL THERAPY	0.366636	1,976,540	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.390501	1,285,109	67.00
68.00	06800	SPEECH PATHOLOGY	0.345562	405,595	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069980	4,533,763	69.00
69.01	06901	CARDIAC REHAB	0.450010	44,550	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.310666	127,785	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.725632	5,604,418	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.248141	13,558,053	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.387770	15,535,474	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
76.00	03020	IP RENAL DIALYSIS	0.460087	1,045,465	76.00
76.01	03950	HEART AND VASCULAR CNTR	0.142059	15,423	76.01
76.02	03952	DIABETES EDUCATION	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.297207	24,914	90.00
90.01	09001	WOODRIDGE	0.000000	0	90.01
91.00	09100	EMERGENCY	0.130772	9,445,645	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.453890	1,066,261	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
93.00	04040	PARTIAL HOSP	0.169513	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		128,985,874	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		128,985,874	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0122 Component CCN: 14-S122	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 7/15/2020 1:25 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
40.00	04000 SUBPROVIDER - IPF		856,350		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.222796	0	0	50.00
51.00	05100 RECOVERY ROOM	0.135678	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.544983	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.015402	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.128074	4,177	535	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.107948	0	0	55.00
56.00	05600 RADIOISOTOPE	0.116128	0	0	56.00
57.00	05700 CT SCAN	0.025546	4,940	126	57.00
58.00	05800 MRI	0.064547	10,300	665	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.106253	0	0	59.00
60.00	06000 LABORATORY	0.109356	65,036	7,112	60.00
65.00	06500 RESPIRATORY THERAPY	0.215257	22,034	4,743	65.00
66.00	06600 PHYSICAL THERAPY	0.366636	2,731	1,001	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.390501	367	143	67.00
68.00	06800 SPEECH PATHOLOGY	0.345562	2,226	769	68.00
69.00	06900 ELECTROCARDIOLOGY	0.069980	7,455	522	69.00
69.01	06901 CARDIAC REHAB	0.450010	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.310666	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.725632	9	7	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.248141	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.387770	97,539	37,823	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
76.00	03020 IP RENAL DIALYSIS	0.460087	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	0.142059	0	0	76.01
76.02	03952 DIABETES EDUCATION	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.297207	0	0	90.00
90.01	09001 WOODRIDGE	0.000000	0	0	90.01
91.00	09100 EMERGENCY	0.130772	91,279	11,937	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.453890	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
93.00	04040 PARTIAL HOSP	0.169513	2,616	443	93.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		310,709	65,826	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		310,709		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0122	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/15/2020 1:25 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)		25,947,145	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,812,789	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)		350,530	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		38,562	2.04
3.00	Managed Care Simulated Payments		8,875,221	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		238.80	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)		25.75	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)		0.19	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		-1.54	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)		24.02	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		27.32	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		24.02	12.00
13.00	Total allowable FTE count for the prior year.		25.56	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.		25.56	14.00
15.00	Sum of lines 12 through 14 divided by 3.		25.05	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		25.05	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.104899	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.106598	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.104899	21.00
22.00	IME payment adjustment (see instructions)		1,934,668	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		493,977	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		3.30	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,934,668	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		493,977	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.79	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.36	31.00
32.00	Sum of lines 30 and 31		18.15	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.55	33.00
34.00	Disproportionate share adjustment (see instructions)		395,395	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0122	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/15/2020 1:25 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	35.00
35.01	Factor 3 (see instructions)		0.000135750	0.000124846	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,123,046	1,042,539	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		839,977	262,059	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,102,036		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		38,581,125		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			39,075,102	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			3,153,766	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			986,370	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			43,215,238	59.00
60.00	Primary payer payments			78,737	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			43,136,501	61.00
62.00	Deductibles billed to program beneficiaries			3,270,248	62.00
63.00	Coinurance billed to program beneficiaries			106,733	63.00
64.00	Allowable bad debts (see instructions)			403,318	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			262,157	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			336,115	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			40,021,677	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS AND MSP RECONCILIA			333	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			259,317	70.93
70.94	HRR adjustment amount (see instructions)			-209,000	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0122	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/15/2020 1:25 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)		40,072,327	71.00
71.01	Sequestration adjustment (see instructions)		801,447	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		38,744,011	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)		526,869	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		714,817	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
HVPB Adjustment for HSP Bonus Payment				
101.00	HVPB adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVPB 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	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: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/15/2020 1:25 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	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	25,947,145	0	25,947,145		25,947,145	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,812,789	0		8,812,789	8,812,789	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	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	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	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	350,530	0	350,530		350,530	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	38,562	0		38,562	38,562	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	8,875,221	0	6,734,948	2,140,273	8,875,221	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.104899	0.104899	0.104899	0.104899		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,934,668	0	1,444,166	490,502	1,934,668	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	493,977	0	374,854	119,123	493,977	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,934,668	0	1,444,166	490,502	1,934,668	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	493,977	0	374,854	119,123	493,977	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0455	0.0455	0.0455	0.0455		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	395,395	0	295,149	100,246	395,395	11.00
11.01	Uncompensated care payments	36.00	1,102,036	0	842,080	283,069	1,125,149	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	0	12.00
13.00	Subtotal (see instructions)	47.00	38,581,125	0	28,855,957	9,725,168	38,581,125	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	39,075,102	0	29,230,811	9,844,291	39,075,102	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,153,766	0	2,373,372	780,394	3,153,766	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/15/2020 1:25 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
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	31,604,183	10,624,685	42,228,868
		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	2,813,924	0	2,111,047	702,877	2,813,924
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	60,419	0	52,698	7,721	60,419
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	0.0618	0.0618	0.0618	0.0618	
23.00	Indirect medical education adjustment (see instructions)	6.00	173,901	0	130,463	43,438	173,901
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0375	0.0375	0.0375	0.0375	
25.00	Disproportionate share adjustment (see instructions)	11.00	105,522	0	79,164	26,358	105,522
26.00	Total prospective capital payments (see instructions)	12.00	3,153,766	0	2,373,372	780,394	3,153,766
		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.		N				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/15/2020 1:25 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	25,947,145	25,947,145		25,947,145	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,812,789		8,812,789	8,812,789	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	350,530	350,530		350,530	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	38,562		38,562	38,562	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	8,875,221	6,734,948	2,140,273	8,875,221	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.104899	0.104899	0.104899		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,934,668	1,444,166	490,502	1,934,668	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	493,977	374,854	119,123	493,977	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,934,668	1,444,166	490,502	1,934,668	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	493,977	374,854	119,123	493,977	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0455	0.0455	0.0455		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	395,395	295,149	100,246	395,395	11.00
11.01	Uncompensated care payments	36.00	1,102,036	842,080	282,296	1,124,376	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	38,581,125	28,856,730	9,724,395	38,581,125	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	39,075,102	29,231,584	9,843,518	39,075,102	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,153,766	2,373,372	780,394	3,153,766	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			31,604,956	10,623,912	42,228,868	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/15/2020 1:25 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	2,813,924	2,111,047	702,877	2,813,924	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	60,419	52,698	7,721	60,419	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	0.0618	0.0618	0.0618		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	173,901	130,463	43,438	173,901	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0375	0.0375	0.0375		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	105,522	79,164	26,358	105,522	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,153,766	2,373,372	780,394	3,153,766	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	259,317	196,313	63,004	259,317	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	-209,000	-179,036	-29,964	-209,000	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: 14-0122	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 7/15/2020 1:25 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		44,371	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		20,624,040	2.00
3.00	OPPS payments		21,493,785	3.00
4.00	Outlier payment (see instructions)		92,359	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)		44,371	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		117,781	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)		117,781	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)		117,781	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		73,410	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)		44,371	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)		21,586,144	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		431	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,530,705	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)		18,099,379	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		454,985	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)		18,554,364	30.00
31.00	Primary payer payments		14,319	31.00
32.00	Subtotal (line 30 minus line 31)		18,540,045	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)		282,684	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		183,745	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		231,256	36.00
37.00	Subtotal (see instructions)		18,723,790	37.00
38.00	MSP-LCC reconciliation amount from PS&R		361	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		18,723,429	40.00
40.01	Sequestration adjustment (see instructions)		374,469	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		18,299,422	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		49,538	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0122	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 7/15/2020 1:25 pm
		Component CCN: 14-S122		
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		53	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		41	2.00
3.00	OPPS payments		39	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)		53	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		137	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)		137	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 charge basis 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)		137	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		84	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)		53	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)		39	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)		92	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)		92	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		92	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)		92	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)		92	40.00
40.01	Sequestration adjustment (see instructions)		2	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		172	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)		-82	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: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
7/15/2020 1:25 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		38,468,936		18,382,587	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	08/29/2019	275,075		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0	08/29/2019	83,165	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)		275,075		-83,165	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)		38,744,011		18,299,422	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		526,869		49,538	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		39,270,880		18,348,960	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: 14-0122

Period:

Worksheet E-1

Component CCN: 14-S122

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
7/15/2020 1:25 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		445,442		172	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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		445,442		172	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		7,352		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		82	6.02
7.00	Total Medicare program liability (see instructions)		452,794		90	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part II
Date/Time Prepared:
7/15/2020 1:25 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0122 Component CCN: 14-S122	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part II Date/Time Prepared: 7/15/2020 1:25 pm
		Title XVIII	Subprovider - IPF	PPS
			1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS			
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		499,545	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instuctions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instuctions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		12.671233	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 -1\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		499,545	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		499,545	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		499,545	18.00
19.00	Deductibles		45,012	19.00
20.00	Subtotal (line 18 minus line 19)		454,533	20.00
21.00	Coinsurance		0	21.00
22.00	Subtotal (line 20 minus line 21)		454,533	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		11,541	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		7,502	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		3,841	25.00
26.00	Subtotal (sum of lines 22 and 24)		462,035	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		462,035	31.00
31.01	Sequestration adjustment (see instructions)		9,241	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		445,442	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		7,352	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0122	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 7/15/2020 1:25 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.			25.75	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			1.21	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))			-1.54	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)			23.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			27.32	6.00
7.00	Enter the lesser of line 5 or line 6			23.00	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.	27.32	0.00	27.32	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.	23.00	0.00	23.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	23.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	24.54	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	24.54	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	24.03	0.00		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	24.03	0.00		17.00
18.00	Per resident amount	145,527.43	0.00		18.00
19.00	Approved amount for resident costs	3,497,024	0	3,497,024	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			4.32	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			3,497,024	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	15,651	4,647		26.00
27.00	Total Inpatient Days (see instructions)	47,654	47,654		27.00
28.00	Ratio of inpatient days to total inpatient days	0.328430	0.097515		28.00
29.00	Program direct GME amount	1,148,528	341,012	1,489,540	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		48,185	48,185	30.00
31.00	Net Program direct GME amount			1,441,355	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0122	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 7/15/2020 1:25 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)		44,855,244	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)		78,737	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		44,776,507	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		20,668,505	42.00
43.00	Primary payer payments (see instructions)		14,319	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		20,654,186	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		65,430,693	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.684335	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.315665	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,441,355	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		986,370	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		454,985	50.00

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

Provider CCN: 14-0122

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

Worksheet G

Date/Time Prepared:
7/15/2020 1:25 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	98,856,014	0	0	0	1.00
2.00	Temporary investments	352	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	149,531,361	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-84,004,238	0	0	0	6.00
7.00	Inventory	5,212,461	0	0	0	7.00
8.00	Prepaid expenses	5,435,097	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)	175,031,047	0	0	0	11.00
FIXED ASSETS						
12.00	Land	13,373,370	0	0	0	12.00
13.00	Land improvements	659,611	0	0	0	13.00
14.00	Accumulated depreciation	-578,609	0	0	0	14.00
15.00	Buildings	315,738,974	0	0	0	15.00
16.00	Accumulated depreciation	-228,304,693	0	0	0	16.00
17.00	Leasehold improvements	13,992,001	0	0	0	17.00
18.00	Accumulated depreciation	-4,320,020	0	0	0	18.00
19.00	Fixed equipment	45,347,286	0	0	0	19.00
20.00	Accumulated depreciation	-34,014,353	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	129,562,445	0	0	0	23.00
24.00	Accumulated depreciation	-114,805,417	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)	136,650,595	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	10,395,034	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	22,734,079	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	33,129,113	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	344,810,755	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	9,112,358	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,049,425	0	0	0	38.00
39.00	Payroll taxes payable	5,608,287	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	59,269,964	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	77,040,034	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	125,875,003	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	9,316,988	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	135,191,991	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	212,232,025	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	132,578,730				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	132,578,730	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	344,810,755	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0122

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

Worksheet G-1

Date/Time Prepared:
7/15/2020 1:25 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		102,407,751		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		32,758,079				2.00
3.00	Total (sum of line 1 and line 2)		135,165,830		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)		135,165,830		0		11.00
12.00	UNRESTRICTED ASSEST	2,587,100		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		2,587,100		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		132,578,730		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	UNRESTRICTED ASSEST		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0122

Period:
From 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	67,013,962		67,013,962	1.00
2.00	SUBPROVIDER - IPF	7,462,111		7,462,111	2.00
3.00	SUBPROVIDER - IRF	0		0	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)	74,476,073		74,476,073	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	27,235,255		27,235,255	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	27,235,255		27,235,255	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	101,711,328		101,711,328	17.00
18.00	Ancillary services	304,592,461	634,724,872	939,317,333	18.00
19.00	Outpatient services	256,301	45,875,614	46,131,915	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		9,419,202	9,419,202	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	8,026,922	8,026,922	26.00
27.00	PHARMACY	0	2,363,999	2,363,999	27.00
27.01	PHYSICIAN REVENUE	0	6,025,965	6,025,965	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	406,560,090	706,436,574	1,112,996,664	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		319,285,297		29.00
30.00	BAD DEBT	6,448,358			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)		6,448,358		36.00
37.00	NON RECURRING EXP	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)		325,733,655		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0122

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

Worksheet G-3

Date/Time Prepared:
7/15/2020 1:25 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,112,996,664	1.00
2.00	Less contractual allowances and discounts on patients' accounts	771,413,024	2.00
3.00	Net patient revenues (line 1 minus line 2)	341,583,640	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	325,733,655	4.00
5.00	Net income from service to patients (line 3 minus line 4)	15,849,985	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.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	EHR REVENUE, OTHER OPERATING, NON OP	16,908,094	24.00
25.00	Total other income (sum of lines 6-24)	16,908,094	25.00
26.00	Total (line 5 plus line 25)	32,758,079	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)	32,758,079	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS				Provider CCN: 14-0122	Period: From 01/01/2019 To 12/31/2019	Worksheet H
				HHA CCN: 14-7207		Date/Time Prepared: 7/15/2020 1:25 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	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	1,434,139	106,429	5,605	12,207	1,177,355	2,735,735	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,711,169	125,698	41,248	0	51	1,878,166	6.00
7.00	Physical Therapy	1,375,366	101,762	41,312	0	0	1,518,440	7.00
8.00	Occupational Therapy	311,628	22,150	9,807	0	0	343,585	8.00
9.00	Speech Pathology	40,122	3,069	3,053	0	0	46,244	9.00
10.00	Medical Social Services	28,497	1,894	2,459	0	0	32,850	10.00
11.00	Home Health Aide	59,553	3,760	5,879	0	0	69,192	11.00
12.00	Supplies (see instructions)	0	0	0	0	20,645	20,645	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,960,474	364,762	109,363	12,207	1,198,051	6,644,857	24.00
		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	0	2,735,735	1,095,459	3,831,194			5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	1,878,166	0	1,878,166			6.00
7.00	Physical Therapy	0	1,518,440	0	1,518,440			7.00
8.00	Occupational Therapy	0	343,585	0	343,585			8.00
9.00	Speech Pathology	0	46,244	0	46,244			9.00
10.00	Medical Social Services	0	32,850	0	32,850			10.00
11.00	Home Health Aide	0	69,192	0	69,192			11.00
12.00	Supplies (see instructions)	0	20,645	0	20,645			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	0	6,644,857	1,095,459	7,740,316			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: 14-0122

Period:

Worksheet H-1

HHA CCN: 14-7207

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
7/15/2020 1:25 pmHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	3,831,194	0	0	0	0	3,831,194	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,878,166	0	0	0	0	1,878,166	6.00
7.00	Physical Therapy	1,518,440	0	0	0	0	1,518,440	7.00
8.00	Occupational Therapy	343,585	0	0	0	0	343,585	8.00
9.00	Speech Pathology	46,244	0	0	0	0	46,244	9.00
10.00	Medical Social Services	32,850	0	0	0	0	32,850	10.00
11.00	Home Health Aide	69,192	0	0	0	0	69,192	11.00
12.00	Supplies (see instructions)	20,645	0	0	0	0	20,645	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	7,740,316	0	0	0	0	7,740,316	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	3,831,194						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,840,725	3,718,891					6.00
7.00	Physical Therapy	1,488,170	3,006,610					7.00
8.00	Occupational Therapy	336,736	680,321					8.00
9.00	Speech Pathology	45,322	91,566					9.00
10.00	Medical Social Services	32,195	65,045					10.00
11.00	Home Health Aide	67,813	137,005					11.00
12.00	Supplies (see instructions)	20,233	40,878					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		7,740,316					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0122

Period:

Worksheet H-1

HHA CCN: 14-7207

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
7/15/2020 1:25 pmHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-3,831,194	3,909,122
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	1,878,166	6.00
7.00	Physical Therapy	0	0	0	0	1,518,440	7.00
8.00	Occupational Therapy	0	0	0	0	343,585	8.00
9.00	Speech Pathology	0	0	0	0	46,244	9.00
10.00	Medical Social Services	0	0	0	0	32,850	10.00
11.00	Home Health Aide	0	0	0	0	69,192	11.00
12.00	Supplies (see instructions)	0	0	0	0	20,645	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-3,831,194	3,909,122
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		3,831,194
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.980065

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0122

Period:

Worksheet H-2

HHA CCN: 14-7207

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
7/15/2020 1:25 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	SHARED SERVICES	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.01	
1.00	Administrative and General	0	0	0	291,482	291,482	29,339	1.00
2.00	Skilled Nursing Care	3,718,891	0	0	347,786	4,066,677	409,331	2.00
3.00	Physical Therapy	3,006,610	0	0	279,536	3,286,146	330,767	3.00
4.00	Occupational Therapy	680,321	0	0	63,337	743,658	74,853	4.00
5.00	Speech Pathology	91,566	0	0	8,155	99,721	10,037	5.00
6.00	Medical Social Services	65,045	0	0	5,792	70,837	7,130	6.00
7.00	Home Health Aide	137,005	0	0	12,104	149,109	15,009	7.00
8.00	Supplies (see instructions)	40,878	0	0	0	40,878	4,115	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)	7,740,316	0	0	1,008,192	8,748,508	880,581	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5A.01	5.03	7.00	8.00	9.00	10.00	
1.00	Administrative and General	320,821	75,155	0	0	0	0	1.00
2.00	Skilled Nursing Care	4,476,008	1,048,536	0	0	0	0	2.00
3.00	Physical Therapy	3,616,913	847,287	0	0	0	0	3.00
4.00	Occupational Therapy	818,511	191,742	0	0	0	0	4.00
5.00	Speech Pathology	109,758	25,712	0	0	0	0	5.00
6.00	Medical Social Services	77,967	18,264	0	0	0	0	6.00
7.00	Home Health Aide	164,118	38,446	0	0	0	0	7.00
8.00	Supplies (see instructions)	44,993	10,540	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)	9,629,089	2,255,682	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	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: 14-0122

Period:

Worksheet H-2

HHA CCN: 14-7207

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
7/15/2020 1:25 pmHome Health
Agency I

PPS

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	48,873	0	0	0	13,149	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)	48,873	0	0	0	13,149	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		INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		21.00	22.00	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	0	457,998	0	457,998		1.00
2.00	Skilled Nursing Care	0	0	5,524,544	0	5,524,544	220,233	2.00
3.00	Physical Therapy	0	0	4,464,200	0	4,464,200	177,965	3.00
4.00	Occupational Therapy	0	0	1,010,253	0	1,010,253	40,274	4.00
5.00	Speech Pathology	0	0	135,470	0	135,470	5,401	5.00
6.00	Medical Social Services	0	0	96,231	0	96,231	3,836	6.00
7.00	Home Health Aide	0	0	202,564	0	202,564	8,075	7.00
8.00	Supplies (see instructions)	0	0	55,533	0	55,533	2,214	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	11,946,793	0	11,946,793	457,998	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.						0.039865	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: 14-0122

Period:

Worksheet H-2

HHA CCN: 14-7207

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
7/15/2020 1:25 pmHome Health
Agency I

PPS

Cost Center Description		Total HHA Costs		
		28.00		
1.00	Administrative and General			1.00
2.00	Skilled Nursing Care	5,744,777		2.00
3.00	Physical Therapy	4,642,165		3.00
4.00	Occupational Therapy	1,050,527		4.00
5.00	Speech Pathology	140,871		5.00
6.00	Medical Social Services	100,067		6.00
7.00	Home Health Aide	210,639		7.00
8.00	Supplies (see instructions)	57,747		8.00
9.00	Drugs	0		9.00
10.00	DME	0		10.00
11.00	Home Dialysis Aide Services	0		11.00
12.00	Respiratory Therapy	0		12.00
13.00	Private Duty Nursing	0		13.00
14.00	Clinic	0		14.00
15.00	Health Promotion Activities	0		15.00
16.00	Day Care Program	0		16.00
17.00	Home Delivered Meals Program	0		17.00
18.00	Homemaker Service	0		18.00
19.00	All Others (specify)	0		19.00
19.50	Telemedicine	0		19.50
20.00	Total (sum of lines 1-19) (2)	11,946,793		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 STATISTICAL BASIS

Provider CCN: 14-0122

Period:

Worksheet H-2

HHA CCN: 14-7207

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
7/15/2020 1:25 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	Reconciliation	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00	4.00	5A.01	5.01	5A.03	
1.00	Administrative and General	0	0	1,434,139	0	291,482	0	1.00
2.00	Skilled Nursing Care	0	0	1,711,169	0	4,066,677	0	2.00
3.00	Physical Therapy	0	0	1,375,366	0	3,286,146	0	3.00
4.00	Occupational Therapy	0	0	311,628	0	743,658	0	4.00
5.00	Speech Pathology	0	0	40,122	0	99,721	0	5.00
6.00	Medical Social Services	0	0	28,497	0	70,837	0	6.00
7.00	Home Health Aide	0	0	59,554	0	149,109	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	40,878	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	0	4,960,475		8,748,508		20.00
21.00	Total cost to be allocated	0	0	1,008,192		880,581		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.203245		0.100655		22.00
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	
		5.03	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	320,821	0	0	0	0	1,739	1.00
2.00	Skilled Nursing Care	4,476,008	0	0	0	0	0	2.00
3.00	Physical Therapy	3,616,913	0	0	0	0	0	3.00
4.00	Occupational Therapy	818,511	0	0	0	0	0	4.00
5.00	Speech Pathology	109,758	0	0	0	0	0	5.00
6.00	Medical Social Services	77,967	0	0	0	0	0	6.00
7.00	Home Health Aide	164,118	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	44,993	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)	9,629,089	0	0	0	0	1,739	20.00
21.00	Total cost to be allocated	2,255,682	0	0	0	0	48,873	21.00
22.00	Unit cost multiplier	0.234257	0.000000	0.000000	0.000000	0.000000	28.104083	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0122

Period:

Worksheet H-2

HHA CCN: 14-7207

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
7/15/2020 1:25 pmHome Health
Agency I

PPS

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TOTAL PATI ENT DAYS)	INTERNS & RESIDENTS		
							SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)		
		13.00	14.00	15.00	16.00	17.00	21.00		
1.00	Administrative and General	0	0	0	9,419,202	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	0	0	9,419,202	0	0	20.00	
21.00	Total cost to be allocated	0	0	0	13,149	0	0	21.00	
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.001396	0.000000	0.000000	22.00	
Cost Center Description		INTERNS & RESIDENTS							
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)							
		22.00							
1.00	Administrative and General	0							1.00
2.00	Skilled Nursing Care	0							2.00
3.00	Physical Therapy	0							3.00
4.00	Occupational Therapy	0							4.00
5.00	Speech Pathology	0							5.00
6.00	Medical Social Services	0							6.00
7.00	Home Health Aide	0							7.00
8.00	Supplies (see instructions)	0							8.00
9.00	Drugs	0							9.00
10.00	DME	0							10.00
11.00	Home Dialysis Aide Services	0							11.00
12.00	Respiratory Therapy	0							12.00
13.00	Private Duty Nursing	0							13.00
14.00	Clinic	0							14.00
15.00	Health Promotion Activities	0							15.00
16.00	Day Care Program	0							16.00
17.00	Home Delivered Meals Program	0							17.00
18.00	Homemaker Service	0							18.00
19.00	All Others (specify)	0							19.00
19.50	Telemedicine	0							19.50
20.00	Total (sum of lines 1-19)	0							20.00
21.00	Total cost to be allocated	0							21.00
22.00	Unit cost multiplier	0.000000							22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0122

Period:

Worksheet H-3

HHA CCN: 14-7207

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
7/15/2020 1:25 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	5,744,777		5,744,777	18,733	306.67	1.00
2.00	Physical Therapy	3.00	4,642,165	0	4,642,165	15,212	305.16	2.00
3.00	Occupational Therapy	4.00	1,050,527	0	1,050,527	3,634	289.08	3.00
4.00	Speech Pathology	5.00	140,871	0	140,871	501	281.18	4.00
5.00	Medical Social Services	6.00	100,067		100,067	283	353.59	5.00
6.00	Home Health Aide	7.00	210,639		210,639	1,979	106.44	6.00
7.00	Total (sum of lines 1-6)		11,889,046	0	11,889,046	40,342		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits			
					Part B			
						Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		16974	0	12,868			8.00
9.00	Physical Therapy		16974	0	10,074			9.00
10.00	Occupational Therapy		16974	0	2,475			10.00
11.00	Speech Pathology		16974	0	342			11.00
12.00	Medical Social Services		16974	0	212			12.00
13.00	Home Health Aide		16974	0	1,637			13.00
14.00	Total (sum of lines 8-13)			0	27,608			14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	57,747	210,177	267,924	289,647	0.925002	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Cost Center Description		Part A	Program Visits		Cost of Services			
			Part B					
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	12,868		0	3,946,230		1.00
2.00	Physical Therapy	0	10,074		0	3,074,182		2.00
3.00	Occupational Therapy	0	2,475		0	715,473		3.00
4.00	Speech Pathology	0	342		0	96,164		4.00
5.00	Medical Social Services	0	212		0	74,961		5.00
6.00	Home Health Aide	0	1,637		0	174,242		6.00
7.00	Total (sum of lines 1-6)	0	27,608		0	8,081,252		7.00
Cost Center Description								
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0122

Period:

Worksheet H-3

HHA CCN: 14-7207

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
7/15/2020 1:25 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Covered Charges			Cost of Services	Agency 1		
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	198,220	0	0	183,354	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	3,946,230						1.00
2.00	Physical Therapy	3,074,182						2.00
3.00	Occupational Therapy	715,473						3.00
4.00	Speech Pathology	96,164						4.00
5.00	Medical Social Services	74,961						5.00
6.00	Home Health Aide	174,242						6.00
7.00	Total (sum of lines 1-6)	8,081,252						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0122

Period:

Worksheet H-3

HHA CCN: 14-7207

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
7/15/2020 1:25 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	0.366636	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.390501	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.345562	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.725632	289,647	210,177	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.387770	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0122 HHA CCN: 14-7207	Period: From 01/01/2019 To 12/31/2019	Worksheet H-4 Part I-II Date/Time Prepared: 7/15/2020 1:25 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	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	5,837,491	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	87,280	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	125,920	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	120,004	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	19,966	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	903	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	6,191,564	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	6,191,564	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	6,191,564	26.00
27.00	Reimbursable bad debts (from your records)				27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)				28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	6,191,564	29.00
30.00	OTHER ADJUSTMENTS		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	6,191,564	31.00
31.01	Sequestration adjustment (see instructions)		0	123,832	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	6,067,732	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 BENEFICIARIESProvider CCN: 14-0122
HHA CCN: 14-7207Period:
From 01/01/2019
To 12/31/2019Worksheet H-5
Date/Time Prepared:
7/15/2020 1:25 pm

		Home Health Agency I		PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider		0		6,067,732
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
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			0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50			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. H-4, Part II, column as appropriate, line 32)		0		6,067,732
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			0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50			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		0		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		0		6,067,732
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0122

Period:

Worksheet 0

Hospice CCN: 14-1507

From 01/01/2019

Date/Time Prepared:

To 12/31/2019

7/15/2020 1:25 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	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	151,364	151,364	0	151,364	3.00
4.00	ADMINISTRATIVE & GENERAL*	266,674	95,214	361,888	0	361,888	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	6,910	6,910	0	6,910	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	84	84	0	84	6.00
7.00	HOUSEKEEPING*	0	3,427	3,427	0	3,427	7.00
8.00	DIETARY*	0	27	27	0	27	8.00
9.00	NURSING ADMINISTRATION*	3,412	1,218	4,630	0	4,630	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	116,673	116,673	0	116,673	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	49,943	49,943	0	49,943	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	40,127	14,327	54,454	0	54,454	13.00
14.00	PHARMACY*	0	143,894	143,894	0	143,894	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	59,400	59,400	0	59,400	15.00
16.00	OTHER GENERAL SERVICE*	0	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	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	1,425,999	509,140	1,935,139	0	1,935,139	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**	215,555	76,961	292,516	0	292,516	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**	36,378	12,988	49,366	0	49,366	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	115,685	31,755	147,440	0	147,440	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	381	381	0	381	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
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	88,940	41,304	130,244	0	130,244	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	2,192,770	1,315,010	3,507,780	0	3,507,780	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: 14-0122

Period:

Worksheet 0

Hospice CCN: 14-1507

From 01/01/2019
To 12/31/2019Date/Time Prepared:
7/15/2020 1:25 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	151,364	3.00
4.00	ADMINISTRATIVE & GENERAL*	-496,389	-134,501	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	6,910	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	84	6.00
7.00	HOUSEKEEPING*	0	3,427	7.00
8.00	DIETARY*	0	27	8.00
9.00	NURSING ADMINISTRATION*	0	4,630	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	116,673	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	49,943	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	54,454	13.00
14.00	PHARMACY*	0	143,894	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	59,400	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	1,935,139	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	292,516	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	49,366	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	147,440	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	381	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	130,244	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-496,389	3,011,391	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: 14-0122

Period:

Worksheet 0-2

Hospice CCN: 14-1507

From 01/01/2019
To 12/31/2019Date/Time Prepared:
7/15/2020 1:25 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	1,185,337	423,214	1,608,551	0	1,608,551	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	179,176	63,973	243,149	0	243,149	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	30,239	10,796	41,035	0	41,035	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	96,161	26,396	122,557	0	122,557	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	317	317	0	317	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 *	1,490,913	524,696	2,015,609	0	2,015,609	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	1,608,551	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	243,149	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	41,035	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	122,557	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	317	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	2,015,609	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: 14-0122

Period:

Worksheet 0-3

Hospice CCN: 14-1507

From 01/01/2019
To 12/31/2019Date/Time Prepared:
7/15/2020 1:25 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	394	141	535	0	535	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	60	21	81	0	81	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	10	4	14	0	14	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	32	9	41	0	41	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 *	496	175	671	0	671	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	535	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	81	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	14	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	41	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	671	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: 14-0122 Hospice CCN: 14-1507	Period: From 01/01/2019 To 12/31/2019	Worksheet 0-4 Date/Time Prepared: 7/15/2020 1:25 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I 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	240,268	85,785	326,053	0	326,053	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	36,319	12,967	49,286	0	49,286	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	6,129	2,188	8,317	0	8,317	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	19,492	5,350	24,842	0	24,842	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	64	64	0	64	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 *	302,208	106,354	408,562	0	408,562	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	326,053	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	49,286	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	8,317	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	24,842	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	64	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	408,562	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: 14-0122

Period:

Worksheet 0-5

Hospice CCN: 14-1507

From 01/01/2019
To 12/31/2019Date/Time Prepared:
7/15/2020 1:25 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	106,649	106,649	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	58,786	58,786	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	151,364	445,669	597,033	3.00
4.00	ADMINISTRATIVE & GENERAL	0	1,378,082	1,378,082	4.00
5.00	PLANT OPERATION & MAINTENANCE	6,910	235,471	242,381	5.00
6.00	LAUNDRY & LINEN SERVICE	84	8,573	8,657	6.00
7.00	HOUSEKEEPING	3,427	78,415	81,842	7.00
8.00	DIETARY	27	5,554	5,581	8.00
9.00	NURSING ADMINISTRATION	4,630	0	4,630	9.00
10.00	ROUTINE MEDICAL SUPPLIES	116,673	0	116,673	10.00
11.00	MEDICAL RECORDS	0	11,206	11,206	11.00
12.00	STAFF TRANSPORTATION	49,943	0	49,943	12.00
13.00	VOLUNTEER SERVICE COORDINATION	54,454	0	54,454	13.00
14.00	PHARMACY	143,894	0	143,894	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	59,400	0	59,400	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	18,779	18,779	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	2,015,609	0	2,015,609	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	671	0	671	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	408,562	0	408,562	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	130,244	0	130,244	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	-134,501	0	-134,501	99.00
100.00	TOTAL	3,011,391	2,347,184	5,358,575	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:

Worksheet 0-6

Hospice CCN: 14-1507

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
7/15/2020 1:25 pm

Descriptions		TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	106,649	106,649				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	58,786		58,786			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	597,033	0	0	597,033		3.00
4.00	ADMINISTRATIVE & GENERAL	1,378,082	106,649	58,786	107,215	1,650,732	4.00
5.00	PLANT OPERATION & MAINTENANCE	242,381	0	0	0	242,381	5.00
6.00	LAUNDRY & LINEN SERVICE	8,657	0	0	0	8,657	6.00
7.00	HOUSEKEEPING	81,842	0	0	0	81,842	7.00
8.00	DIETARY	5,581	0	0	0	5,581	8.00
9.00	NURSING ADMINISTRATION	4,630	0	0	929	5,559	9.00
10.00	ROUTINE MEDICAL SUPPLIES	116,673	0	0	0	116,673	10.00
11.00	MEDICAL RECORDS	11,206	0	0	0	11,206	11.00
12.00	STAFF TRANSPORTATION	49,943	0	0	0	49,943	12.00
13.00	VOLUNTEER SERVICE COORDINATION	54,454	0	0	10,926	65,380	13.00
14.00	PHARMACY	143,894	0	0	0	143,894	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	59,400	0	0	0	59,400	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		18,779	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	2,015,609			377,170	2,392,779	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	671	0	0	125	796	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	408,562	0	0	76,452	485,014	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	130,244	0	0	24,216	154,460	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	-134,501	0	0	0	0	99.00
100.00	TOTAL	5,358,575	106,649	58,786	597,033	5,358,575	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:

Worksheet 0-6

Hospice CCN: 14-1507

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
7/15/2020 1:25 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	1,650,732						4.00
5.00	PLANT OPERATION & MAINTENANCE	104,131	346,512					5.00
6.00	LAUNDRY & LINEN SERVICE	3,719	0	12,376				6.00
7.00	HOUSEKEEPING	35,161	0		117,003			7.00
8.00	DIETARY	2,398	0		0	7,979		8.00
9.00	NURSING ADMINISTRATION	2,388	0		0			9.00
10.00	ROUTINE MEDICAL SUPPLIES	50,125	346,512		117,003			10.00
11.00	MEDICAL RECORDS	4,814	0		0			11.00
12.00	STAFF TRANSPORTATION	21,456	0		0			12.00
13.00	VOLUNTEER SERVICE COORDINATION	28,088	0		0			13.00
14.00	PHARMACY	61,819	0		0			14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	25,519	0		0			15.00
16.00	OTHER GENERAL SERVICE	0	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	8,068	0		0			17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	1,027,976						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	342	0	33	0	21		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	208,370	0	12,343	0	7,958		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	66,358	0		0			60.00
61.00	VOLUNTEER PROGRAM	0	0		0			61.00
62.00	FUNDRAISING	0	0		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0			63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0			64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0			65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0		66.00
67.00	ADVERTISING	0	0		0			67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0			68.00
69.00	THRIFT STORE	0	0		0			69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0		71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0		99.00
100.00	TOTAL	1,650,732	346,512	12,376	117,003	7,979		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:

Worksheet 0-6

Hospice CCN: 14-1507

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
7/15/2020 1:25 pm

Descriptions		Hospice I				
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION
		9.00	10.00	11.00	12.00	13.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION	7,947				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	630,313			10.00
11.00	MEDICAL RECORDS	0		16,020		11.00
12.00	STAFF TRANSPORTATION	0			71,399	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	93,468 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	6,639	603,304	15,333	59,348	77,719 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	72	2	21	0 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,308	26,937	685	12,030	15,749 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	7,947	630,313	16,020	71,399	93,468 100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0122

Period:

Worksheet 0-6

Hospice CCN: 14-1507

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
7/15/2020 1:25 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	205,713					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	84,919				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				26,847		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	196,898	81,280	0		4,461,276	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	24	10	0	72	1,393	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	8,791	3,629	0	26,775	809,589	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		220,818	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	-134,501	99.00
100.00	TOTAL	205,713	84,919	0	26,847	5,358,575	100.00

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

Provider CCN: 14-0122

Period:

Worksheet 0-6

Hospice CCN: 14-1507

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	6,746					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		6,746				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	2,192,769			3.00
4.00	ADMINISTRATIVE & GENERAL	6,746	6,746	393,777	-1,650,732	3,842,344	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	242,381	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	8,657	6.00
7.00	HOUSEKEEPING	0	0	0	0	81,842	7.00
8.00	DIETARY	0	0	0	0	5,581	8.00
9.00	NURSING ADMINISTRATION	0	0	3,412	0	5,559	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	116,673	10.00
11.00	MEDICAL RECORDS	0	0	0	0	11,206	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	49,943	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	40,127	0	65,380	13.00
14.00	PHARMACY	0	0	0	0	143,894	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	59,400	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	18,779	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			1,385,261	0	2,392,779	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	460	0	796	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	280,792	0	485,014	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	88,940	0	154,460	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	106,649	58,786	597,033		1,650,732	100.00
101.00	UNIT COST MULTIPLIER	15.809220	8.714201	0.272274		0.429616	101.00

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

Provider CCN: 14-0122

Period:

Worksheet 0-6

Hospice CCN: 14-1507

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
7/15/2020 1:25 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	6,746					5.00
6.00	LAUNDRY & LINEN SERVICE	0	1,497				6.00
7.00	HOUSEKEEPING	0		6,746			7.00
8.00	DIETARY	0		0	1,497		8.00
9.00	NURSING ADMINISTRATION	0		0		79	9.00
10.00	ROUTINE MEDICAL SUPPLIES	6,746		6,746		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					66	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	4	0	4	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	1,493	0	1,493	13	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	346,512	12,376	117,003	7,979	7,947	100.00
101.00	UNIT COST MULTIPLIER	51.365550	8.267201	17.344056	5.329993	100.594937	101.00

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

Provider CCN: 14-0122

Period:

Worksheet 0-6

Hospice CCN: 14-1507

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
7/15/2020 1:25 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	34,936				10.00
11.00	MEDICAL RECORDS		34,936			11.00
12.00	STAFF TRANSPORTATION			27,219		12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	1,365	13.00
14.00	PHARMACY			0	0	34,936 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0 15.00
16.00	OTHER GENERAL SERVICE			0	0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					0 17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	33,439	33,439	22,625	1,135	33,439 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	4	4	8	0	4 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,493	1,493	4,586	230	1,493 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0 60.00
61.00	VOLUNTEER PROGRAM			0	0	0 61.00
62.00	FUNDRAISING			0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0 65.00
66.00	RESIDENTIAL CARE			0	0	0 66.00
67.00	ADVERTISING			0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0 68.00
69.00	THRIFT STORE			0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0 71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	630,313	16,020	71,399	93,468	205,713 100.00
101.00	UNIT COST MULTIPLIER	18.041934	0.458553	2.623131	68.474725	5.888281 101.00

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

Provider CCN: 14-0122

Period:

Worksheet 0-6

Hospice CCN: 14-1507

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
7/15/2020 1:25 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	34,936				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			1,497		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	33,439	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	4	0	4		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,493	0	1,493		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	84,919	0	26,847		100.00
101.00	UNIT COST MULTIPLIER	2.430702	0.000000	17.933868		101.00

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

Provider CCN: 14-0122

Period:

Worksheet 0-7

Hospice CCN: 14-1507

From 01/01/2019
To 12/31/2019Date/Time Prepared:
7/15/2020 1:25 pm

Hospice I

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.366636	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.390501	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.345562	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.387770	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.109356	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.725632	0	0	0	7.00
8.00	PARTIAL HOSP	93.00	0.169513	0	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.107050	0	0	0	9.00
10.00	IP RENAL DIALYSIS	76.00	0.460087	0	0	0	10.00
10.01	HEART AND VASCULAR CNTR	76.01	0.142059	0	0	0	10.01
10.02	DIABETES EDUCATION	76.02	0.000000	0	0	0	10.02
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	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	PARTIAL HOSP	0	0	0	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	IP RENAL DIALYSIS	0	0	0	0	0	10.00
10.01	HEART AND VASCULAR CNTR	0	0	0	0	0	10.01
10.02	DIABETES EDUCATION	0	0	0	0	0	10.02
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0122

Period:

Worksheet 0-8

Hospice CCN: 14-1507

From 01/01/2019
To 12/31/2019Date/Time Prepared:
7/15/2020 1:25 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)			4,461,276	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			33,439	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			133.42	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	31,478	89		9.00
10.00	Program cost (line 8 times line 9)	4,199,795	11,874		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)			1,393	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			4	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			348.25	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	4	0		14.00
15.00	Program cost (line 13 times line 14)	1,393	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)			809,589	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			1,493	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			542.26	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	1,311	0		19.00
20.00	Program cost (line 18 times line 19)	710,903	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			5,272,258	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			34,936	22.00
23.00	Average cost per diem (line 21 divided by line 22)			150.91	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0122	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 7/15/2020 1:25 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,813,924	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		60,419	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)		117.89	3.00
4.00	Number of interns & residents (see instructions)		25.05	4.00
5.00	Indirect medical education percentage (see instructions)		6.18	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)		173,901	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.79	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.36	8.00
9.00	Sum of lines 7 and 8		18.15	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.75	10.00
11.00	Disproportionate share adjustment (see instructions)		105,522	11.00
12.00	Total prospective capital payments (see instructions)		3,153,766	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