

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: 14-0135	Period: From 10/01/2018 To 09/30/2019	Worksheet S Parts I-III Date/Time Prepared: 2/27/2020 2:25 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 2/27/2020	Time: 2:25 pm
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by DECATUR MEMORIAL HOSPITAL (14-0135) for the cost reporting period beginning 10/01/2018 and ending 09/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-157,461	-39,678	0	0	1.00
2.00	Subprovider - IPF	0	21,044	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	-136,417	-39,678	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: 14-0135		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/27/2020 2:25 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 2300 N. EDWARD ST.			PO Box:		Date Certified		Payment System (P, T, O, or N)		
2.00	City: DECATUR			State: IL		Zip Code: 62526		County: MACON		
		Component Name		CCN Number	CBSA Number	Provider Type	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		DECATUR MEMORIAL HOSPITAL	140135	19500	1	07/01/1966	N	P	O
4.00	Subprovider - IPF		DECATUR MEMORIAL HOSPITAL	14S135	19500	4	10/01/2015	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		DMH HHA	147206	19500		01/13/1982	N	P	N
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice		DMH HOSPICE	141517	19500		06/30/1988			
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)						10/01/2018	09/30/2019		
21.00	Type of Control (see instructions)						2			
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N			
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,670	593	0	3	4,351	86	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet S-2
Part I
Date/Time Prepared:
2/27/2020 2:25 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	Y	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.00	1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0135

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From 10/01/2018
To 09/30/2019Worksheet S-2
Part I
Date/Time Prepared:
2/27/2020 2:25 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

Worksheet S-2
Part I
Date/Time Prepared:
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MCRIF32 - 15.11.167.3

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0135	Period: From 10/01/2018 To 09/30/2019	Worksheet S-2 Part I Date/Time Prepared: 2/27/2020 2:25 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	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N			110.00

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		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	0	118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00	122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N			140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0135		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/27/2020 2:25 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: NATIONAL GOVERNMENT SERVICES, INC		Contractor's Name: 00131		Contractor's Number: 00131		141.00		
142.00	Street: 8115 KNUD ROAD		PO Box:				142.00		
143.00	City: INDIANAPOLIS		State:		Zip Code: 46250		143.00		
								1.00	
144.00 Are provider based physicians' costs included in Worksheet A?								Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N		146.00	
								1.00	
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N		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)								0.00	169.00
						Beginning	Ending		
						1.00	2.00		
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)									170.00
						1.00	2.00		
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								N	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0135	Period: From 10/01/2018 To 09/30/2019	Worksheet S-2 Part II Date/Time Prepared: 2/27/2020 2:25 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)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	C	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.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	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.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	02/12/2020	Y
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: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet S-2
Part II
Date/Time Prepared:
2/27/2020 2:25 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.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		Y		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DONALD	HENDRIAN		41.00
42.00	Enter the employer/company name of the cost report preparer.	DECATUR MEMORIAL HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(217) 876-2032	HENDRIAN.DON@MHSIL.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet S-2
Part II
Date/Time Prepared:
2/27/2020 2:25 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: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part I
Date/Time Prepared:
2/27/2020 2:25 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	150	54,750	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)		150	54,750	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,030	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	30	10,950	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		202	73,730	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,300		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	24	8,760		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			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)		246				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part I
Date/Time Prepared:
2/27/2020 2:25 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)	15,222	1,573	25,789			1.00
2.00	HMO and other (see instructions)	2,773	4,351				2.00
3.00	HMO IPF Subprovider	964	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	15,222	1,573	25,789			7.00
8.00	INTENSIVE CARE UNIT	2,108	341	5,629			8.00
9.00	CORONARY CARE UNIT	3,692	260	4,301			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		92	1,514			13.00
14.00	Total (see instructions)	21,022	2,266	37,233	15.28	1,753.19	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	3,123	321	4,551	0.00	27.82	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00	HOME HEALTH AGENCY	15,147	1,693	19,433	0.00	36.24	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	217	0	340	0.00	9.58	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				15.28	1,826.83	27.00
28.00	Observation Bed Days		1,500	5,810			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			422			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	86	146			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part I
Date/Time Prepared:
2/27/2020 2:25 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	4,590	1,164	8,493	1.00
2.00 HMO and other (see instructions)			513	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,590	1,164	8,493	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	201	26	296	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	0.00				0	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: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part II
Date/Time Prepared:
2/27/2020 2:25 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	140,382,669	0	140,382,669	3,799,806.00	36.94
2.00	Non-physician anesthetist Part A		7,131,634	0	7,131,634	53,742.00	132.70
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		666,984	0	666,984	4,847.00	137.61
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		25,977,464	0	25,977,464	86,686.00	299.67
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	871,311	871,311	31,304.00	27.83
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)		16,994,862	-1,363,666	15,631,196	440,892.00	35.45
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		7,341,390	0	7,341,390	113,682.00	64.58
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		382,700	0	382,700	1,516.00	252.44
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		25,298,620	0	25,298,620		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		3,460,869	0	3,460,869		
20.00	Non-physician anesthetist Part A		884,794	0	884,794		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		80,435	0	80,435		
22.01	Physician Part A - Teaching		3,075,120	0	3,075,120		
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)		263,284	0	263,284		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	455,872	0	455,872	16,453.00	27.71
27.00	Administrative & General	5.00	16,518,864	-371,363	16,147,501	505,211.00	31.96

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part II
Date/Time Prepared:
2/27/2020 2:25 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	
28.00	Administrative & General under contract (see inst.)		1,999,025	0	1,999,025	15,565.00	128.43	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,541,505	0	1,541,505	68,390.00	22.54	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,557,741	0	1,557,741	119,538.00	13.03	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,073,603	-1,740,451	333,152	19,743.00	16.87	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,740,451	1,740,451	103,143.00	16.87	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,585,687	371,363	2,957,050	89,440.00	33.06	38.00
39.00	Central Services and Supply	14.00	715,405	0	715,405	36,629.00	19.53	39.00
40.00	Pharmacy	15.00	2,265,821	0	2,265,821	61,006.00	37.14	40.00
41.00	Medical Records & Medical Records Library	16.00	2,407,199	0	2,407,199	93,142.00	25.84	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part III
Date/Time Prepared:
2/27/2020 2:25 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)	109,272,596	-871,311	108,401,285	3,643,639.00	29.75	1.00
2.00	Excluded area salaries (see instructions)	16,994,862	-1,363,666	15,631,196	440,892.00	35.45	2.00
3.00	Subtotal salaries (line 1 minus line 2)	92,277,734	492,355	92,770,089	3,202,747.00	28.97	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,724,090	0	7,724,090	115,198.00	67.05	4.00
5.00	Subtotal wage-related costs (see inst.)	25,379,055	0	25,379,055	0.00	27.36	5.00
6.00	Total (sum of lines 3 thru 5)	125,380,879	492,355	125,873,234	3,317,945.00	37.94	6.00
7.00	Total overhead cost (see instructions)	32,120,722	0	32,120,722	1,128,260.00	28.47	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0135	Period: From 10/01/2018 To 09/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 2/27/2020 2:25 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			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		1,893,245	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		1,065,010	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)		17,977,931	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		701,666	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		163,053	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)		888,027	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,399,555	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		8,808,135	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		137,361	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		29,137	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		33,063,120	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: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part V
Date/Time Prepared:
2/27/2020 2:25 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	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 14-0135 Component CCN: 14-7206		Period: From 10/01/2018 To 09/30/2019		Worksheet S-4 Date/Time Prepared: 2/27/2020 2:25 pm			
						Home Health Agency I		PPS			
						1.00					
0.00	County							0.00			
				Title V	Title XVIII	Title XIX	Other	Total			
				1.00	2.00	3.00	4.00	5.00			
HOME HEALTH AGENCY STATISTICAL DATA											
1.00	Home Health Aide Hours			0	0	0	0	0	1.00		
2.00	Unduplicated Census Count (see instructions)			0.00	0.00	0.00	0.00	754.00	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	0.00	3.00		
4.00	Director(s) and Assistant Director(s)				0.00	0.00	0.00	0.00	4.00		
5.00	Other Administrative Personnel				0.00	0.00	0.00	0.00	5.00		
6.00	Direct Nursing Service				0.00	0.00	0.00	0.00	6.00		
7.00	Nursing Supervisor				0.00	0.00	0.00	0.00	7.00		
8.00	Physical Therapy Service				0.00	0.00	0.00	0.00	8.00		
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	0.00	9.00		
10.00	Occupational Therapy Service				0.00	0.00	0.00	0.00	10.00		
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	0.00	11.00		
12.00	Speech Pathology Service				0.00	0.00	0.00	0.00	12.00		
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	0.00	13.00		
14.00	Medical Social Service				0.00	0.00	0.00	0.00	14.00		
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	0.00	15.00		
16.00	Home Health Aide				0.00	0.00	0.00	0.00	16.00		
17.00	Home Health Aide Supervisor				0.00	0.00	0.00	0.00	17.00		
18.00	Other (specify)				0.00	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).			19500					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
PPS ACTIVITY DATA											
21.00	Skilled Nursing Visits			5,031	1,681	230	129	7,071	21.00		
22.00	Skilled Nursing Visit Charges			955,890	319,390	43,700	24,510	1,343,490	22.00		
23.00	Physical Therapy Visits			4,758	153	137	131	5,179	23.00		
24.00	Physical Therapy Visit Charges			904,020	29,070	26,030	24,890	984,010	24.00		
25.00	Occupational Therapy Visits			442	4	1	9	456	25.00		
26.00	Occupational Therapy Visit Charges			83,980	760	190	1,710	86,640	26.00		
27.00	Speech Pathology Visits			75	0	1	0	76	27.00		
28.00	Speech Pathology Visit Charges			14,250	0	190	0	14,440	28.00		
29.00	Medical Social Service Visits			28	4	0	0	32	29.00		
30.00	Medical Social Service Visit Charges			5,320	760	0	0	6,080	30.00		
31.00	Home Health Aide Visits			639	109	2	17	767	31.00		
32.00	Home Health Aide Visit Charges			54,315	9,265	170	1,445	65,195	32.00		
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)			10,973	1,951	371	286	13,581	33.00		
34.00	Other Charges			82,443	67,341	4,561	2,465	156,810	34.00		
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)			2,100,218	426,586	74,841	55,020	2,656,665	35.00		
36.00	Total Number of Episodes (standard/non outlier)			784		127	27	938	36.00		
37.00	Total Number of Outlier Episodes				59		2	61	37.00		
38.00	Total Non-Routine Medical Supply Charges			0	0	0	0	0	38.00		

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0135

Period:

Worksheet S-9

Hospice CCN: 14-1517

From 10/01/2018
To 09/30/2019PARTS I THROUGH IV
Date/Time Prepared:
2/27/2020 2:25 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	7,266	428	742	8,436	11.00
12.00	Hospice Inpatient Respite Care	0	0	0	0	12.00
13.00	Hospice General Inpatient Care	217	0	123	340	13.00
14.00	Total Hospice Days	7,483	428	865	8,776	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: 14-0135	Period: From 10/01/2018 To 09/30/2019	Worksheet S-10 Date/Time Prepared: 2/27/2020 2:25 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)			0.219389 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	27,102,167		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0		5.00
6.00	Medicaid charges	162,831,267		6.00
7.00	Medicaid cost (line 1 times line 6)	35,723,389		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	8,621,222		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	0		9.00
10.00	Stand-alone CHIP charges	0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	8,621,222		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)	9,397,020	3,227,229	12,624,249 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,061,603	3,227,229	5,288,832 21.00
22.00	Payments received from patients for amounts previously written off as charity care	185,365	557,731	743,096 22.00
23.00	Cost of charity care (line 21 minus line 22)	1,876,238	2,669,498	4,545,736 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)	19,127,361		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,892,543		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	2,911,605		27.01
28.00	Non-Medicare bad debt expense (see instructions)	16,215,756		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	4,576,620		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	9,122,356		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	17,743,578		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019

Worksheet A

Date/Time Prepared:
2/27/2020 2:25 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		25,829,606	25,829,606	-18,920,336	6,909,270	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	9,788,850	9,788,850	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	455,872	24,069,574	24,525,446	0	24,525,446	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	16,518,864	143,441,881	159,960,745	8,751,225	168,711,970	5.00
7.00	00700	OPERATION OF PLANT	1,541,505	8,928,203	10,469,708	-1,576	10,468,132	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,103,001	1,103,001	0	1,103,001	8.00
9.00	00900	HOUSEKEEPING	1,557,741	1,176,597	2,734,338	-6,934	2,727,404	9.00
10.00	01000	DIETARY	2,073,603	1,881,664	3,955,267	-3,326,970	628,297	10.00
11.00	01100	CAFETERIA	0	0	0	3,319,801	3,319,801	11.00
13.00	01300	NURSING ADMINISTRATION	2,585,687	509,657	3,095,344	338,666	3,434,010	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	715,405	3,602,573	4,317,978	-2,519,156	1,798,822	14.00
15.00	01500	PHARMACY	2,265,821	12,079,649	14,345,470	-11,319,271	3,026,199	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,407,199	1,334,640	3,741,839	-300	3,741,539	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	7,131,634	7,131,634	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	871,311	871,311	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	4,617,018	4,617,018	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	587,635	45,996	633,631	0	633,631	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,503,535	2,988,131	12,491,666	-566,922	11,924,744	30.00
31.00	03100	INTENSIVE CARE UNIT	3,004,566	1,833,347	4,837,913	-156,048	4,681,865	31.00
32.00	03200	CORONARY CARE UNIT	2,278,894	1,295,594	3,574,488	-69,129	3,505,359	32.00
40.00	04000	SUBPROVIDER - IPF	1,548,378	1,044,607	2,592,985	-28,348	2,564,637	40.00
43.00	04300	NURSERY	0	36,047	36,047	-28,365	7,682	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,422,012	18,551,279	23,973,291	-15,752,811	8,220,480	50.00
50.01	05001	ORTHO MEDICAL	118,990	91,056	210,046	-81,266	128,780	50.01
51.00	05100	RECOVERY ROOM	753,618	87,533	841,151	-11,273	829,878	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	24,951	24,951	290,548	315,499	52.00
53.00	05300	ANESTHESIOLOGY	7,609,866	1,145,779	8,755,645	-7,344,004	1,411,641	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,398,499	7,975,189	14,373,688	-780,223	13,593,465	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,374,011	1,874,575	3,248,586	-35,103	3,213,483	55.00
60.00	06000	LABORATORY	3,054,574	5,582,324	8,636,898	-1,273,848	7,363,050	60.00
65.00	06500	RESPIRATORY THERAPY	1,231,179	265,608	1,496,787	-114,839	1,381,948	65.00
66.00	06600	PHYSICAL THERAPY	2,835,799	761,920	3,597,719	601,586	4,199,305	66.00
67.00	06700	OCCUPATIONAL THERAPY	475,416	58,950	534,366	-12,542	521,824	67.00
68.00	06800	SPEECH PATHOLOGY	318,708	39,353	358,061	-7,811	350,250	68.00
69.00	06900	ELECTROCARDIOLOGY	1,871,407	712,203	2,583,610	-25,286	2,558,324	69.00
69.01	06901	CATH LAB	1,236,722	4,009,765	5,246,487	-3,629,597	1,616,890	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	665,368	254,764	920,132	-75,685	844,447	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,100,202	4,100,202	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	23,901,975	23,901,975	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,837,893	10,837,893	73.00
74.00	07400	RENAL DIALYSIS	0	504,632	504,632	-6,104	498,528	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,814,703	1,994,747	4,809,450	-1,319,453	3,489,997	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	51,709	1,234,880	1,286,589	-138,235	1,148,354	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	2,436,710	989,924	3,426,634	-73,278	3,353,356	90.01
90.02	09002	DMG PHYSICIAN GROUP	36,730,369	20,099,684	56,830,053	-330,411	56,499,642	90.02
91.00	09100	EMERGENCY	3,079,455	4,752,043	7,831,498	-187,484	7,644,014	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
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,568,746	735,690	3,304,436	-56,394	3,248,042	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	676,593	479,718	1,156,311	-30	1,156,281	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	128,769,159	303,427,334	432,196,493	6,351,677	438,548,170	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	129,352	649,071	778,423	0	778,423	190.00
190.01	19001	SIU CLINIC	871,311	5,005,100	5,876,411	-5,488,329	388,082	190.01
190.02	19002	WOMEN'S CENTER	74,473	38,504	112,977	0	112,977	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	3,057	3,057	0	3,057	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	589,844	1,526,679	2,116,523	0	2,116,523	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	0	0	0	190.08
190.09	19009	SHORE	0	51,335	51,335	0	51,335	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019

Worksheet A

Date/Time Prepared:
2/27/2020 2:25 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
190.12	19012	CCOP FISCAL INTERMEDIARY	158,376	3,338,119	3,496,495	0	3,496,495	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	1,289,972	552,913	1,842,885	0	1,842,885	190.15
190.16	19016	CANCER CARE INSTITUTE	227,300	50,753	278,053	0	278,053	190.16
190.17	19017	INTEGRATED CENTER	506,112	637,883	1,143,995	-619,349	524,646	190.17
190.18	19019	340B ADMINISTRATION	93,387	1,483,934	1,577,321	0	1,577,321	190.18
191.00	19100	RESEARCH	743,676	177,485	921,161	0	921,161	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,929,707	3,858,931	10,788,638	-243,999	10,544,639	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	140,382,669	320,801,098	461,183,767	0	461,183,767	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019

Worksheet A

Date/Time Prepared:
2/27/2020 2:25 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	0	6,909,270	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	9,788,850	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-9,237,304	15,288,142	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-131,582,051	37,129,919	5.00
7.00	00700	OPERATION OF PLANT	-67	10,468,065	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,103,001	8.00
9.00	00900	HOUSEKEEPING	0	2,727,404	9.00
10.00	01000	DIETARY	-10,916	617,381	10.00
11.00	01100	CAFETERIA	-2,205,818	1,113,983	11.00
13.00	01300	NURSING ADMINISTRATION	-102,648	3,331,362	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,798,822	14.00
15.00	01500	PHARMACY	0	3,026,199	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-10,172	3,731,367	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-7,131,634	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	871,311	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,617,018	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-543,802	89,829	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-13,850	11,910,894	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,681,865	31.00
32.00	03200	CORONARY CARE UNIT	0	3,505,359	32.00
40.00	04000	SUBPROVIDER - IPF	0	2,564,637	40.00
43.00	04300	NURSERY	0	7,682	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-31,569	8,188,911	50.00
50.01	05001	ORTHO MEDICAL	0	128,780	50.01
51.00	05100	RECOVERY ROOM	0	829,878	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	315,499	52.00
53.00	05300	ANESTHESIOLOGY	-393,610	1,018,031	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-847,397	12,746,068	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-43,296	3,170,187	55.00
60.00	06000	LABORATORY	0	7,363,050	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,381,948	65.00
66.00	06600	PHYSICAL THERAPY	-37,499	4,161,806	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	521,824	67.00
68.00	06800	SPEECH PATHOLOGY	0	350,250	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,558,324	69.00
69.01	06901	CATH LAB	-17,050	1,599,840	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-2,092	842,355	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-210,045	3,890,157	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	23,901,975	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,837,893	73.00
74.00	07400	RENAL DIALYSIS	0	498,528	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,489,997	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-14,070	1,134,284	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	-644,470	2,708,886	90.01
90.02	09002	DMG PHYSICIAN GROUP	-33,870,634	22,629,008	90.02
91.00	09100	EMERGENCY	-3,394,509	4,249,505	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
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-748	3,247,294	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	1,156,281	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-190,345,251	248,202,919	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	778,423	190.00
190.01	19001	SIU CLINIC	0	388,082	190.01
190.02	19002	WOMEN'S CENTER	0	112,977	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	3,057	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	2,116,523	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	190.08
190.09	19009	SHORE	0	51,335	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	3,496,495	190.12
190.13	19013	ELDERLY SERVICES	0	0	190.13

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019

Worksheet A

Date/Time Prepared:
2/27/2020 2:25 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
190.14	19014	REAL ESTATE MANAGEMENT	0	0	190.14
190.15	19015	CORPORATE HEALTH	0	1,842,885	190.15
190.16	19016	CANCER CARE INSTITUTE	0	278,053	190.16
190.17	19017	INTEGRATED CENTER	0	524,646	190.17
190.18	19019	340B ADMINISTRATION	0	1,577,321	190.18
191.00	19100	RESEARCH	0	921,161	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10,544,639	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-190,345,251	270,838,516	200.00

RECLASSIFICATIONS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6

Date/Time Prepared:
2/27/2020 2:25 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAPITAL RECLASS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,787,858		1.00
	0		0	9,787,858		
	B - CAPA-STATE BED TAX					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	9,132,643		1.00
	0		0	9,132,643		
	C - ANESTHESIA - RN SALARY					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	7,131,634	0		1.00
	0		7,131,634	0		
	D - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	10,837,893		1.00
	0		0	10,837,893		
	E - MEDICAL EDUCATION					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	871,311	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	4,617,018		2.00
	0		871,311	4,617,018		
	F - HHA DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	165		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	992		2.00
	0		0	1,157		
	G - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	1,740,451	1,579,350		1.00
	0		1,740,451	1,579,350		
	H - CHIEF NURSING SALARY					
1.00	NURSING ADMINISTRATION	13.00	371,363	0		1.00
	0		371,363	0		
	I - INTEGRATIVE CENTER					
1.00	PHYSICAL THERAPY	66.00	313,802	305,547		1.00
	0		313,802	305,547		
	J - MEDICAL DIRECTORS					
1.00	ADULTS & PEDIATRICS	30.00	53,333	0		1.00
	0		53,333	0		
	K - LABOR AND DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	275,198	39,498		1.00
	0		275,198	39,498		
	L - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	28,002,177		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00

RECLASSIFICATIONS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6

Date/Time Prepared:
2/27/2020 2:25 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
36.00		0.00	0	0	36.00
			0	28,002,177	
M - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO	72.00	0	23,901,975	1.00
	PATIENTS		0	23,901,975	
			0	23,901,975	
N - PROVIDER BASED PHYSICIANS					
1.00	DMG PHYSICIAN GROUP	90.02	125,220	65,446	1.00
	TOTALS		125,220	65,446	
500.00	Grand Total: Increases		10,882,312	88,270,562	500.00

RECLASSIFICATIONS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet A-6
Date/Time Prepared:
2/27/2020 2:25 pm

	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00		
1.00	A - CAPITAL RECLASS					
	CAP REL COSTS-BLDG & FIXT	1.00	0	9,787,858	9	1.00
	0		0	9,787,858		
1.00	B - CAPA-STATE BED TAX					
	CAP REL COSTS-BLDG & FIXT	1.00	0	9,132,643	13	1.00
	0		0	9,132,643		
1.00	C - ANESTHESIA - RN SALARY					
	ANESTHESIOLOGY	53.00	7,131,634	0	0	1.00
	0		7,131,634	0		
1.00	D - DRUGS CHARGED TO PATIENTS					
	PHARMACY	15.00	0	10,837,893	0	1.00
	0		0	10,837,893		
1.00	E - MEDICAL EDUCATION					
	SIU CLINIC	190.01	871,311	0	0	1.00
	0		871,311	4,617,018		
2.00	SIU CLINIC	190.01	0	4,617,018	0	2.00
0						
1.00	F - HHA DEPRECIATION					
	HOME HEALTH AGENCY	101.00	0	165	9	1.00
	0		0	992	9	
2.00	HOME HEALTH AGENCY	101.00	0			2.00
0			0	1,157		
1.00	G - CAFETERIA RECLASS					
	DIETARY	10.00	1,740,451	1,579,350	0	1.00
	0		1,740,451	1,579,350		
1.00	H - CHIEF NURSING SALARY					
	ADMINISTRATIVE & GENERAL	5.00	371,363	0	0	1.00
	0		371,363	0		
1.00	I - INTEGRATIVE CENTER					
	INTEGRATED CENTER	190.17	313,802	305,547	0	1.00
	0		313,802	305,547		
1.00	J - MEDICAL DIRECTORS					
	PHYSICIANS' PRIVATE OFFICES	192.00	53,333	0	0	1.00
	0		53,333	0		
1.00	K - LABOR AND DELIVERY					
	ADULTS & PEDIATRICS	30.00	275,198	39,498	0	1.00
	0		275,198	39,498		
1.00	L - MEDICAL SUPPLIES					
	ADMINISTRATIVE & GENERAL	5.00	0	10,055	0	1.00
	OPERATION OF PLANT	7.00	0	1,576	0	2.00
3.00	HOUSEKEEPING	9.00	0	6,934	0	3.00
4.00	DIETARY	10.00	0	7,169	0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	32,697	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,519,156	0	6.00
7.00	PHARMACY	15.00	0	481,378	0	7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	300	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	305,559	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	156,048	0	10.00
11.00	CORONARY CARE UNIT	32.00	0	69,129	0	11.00
12.00	SUBPROVIDER - IPF	40.00	0	28,348	0	12.00
13.00	NURSERY	43.00	0	28,365	0	13.00
14.00	OPERATING ROOM	50.00	0	15,752,811	0	14.00
15.00	ORTHO MEDICAL	50.01	0	81,266	0	15.00
16.00	RECOVERY ROOM	51.00	0	11,273	0	16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	24,148	0	17.00
18.00	ANESTHESIOLOGY	53.00	0	212,370	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	780,223	0	19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	35,103	0	20.00
21.00	LABORATORY	60.00	0	1,273,848	0	21.00
22.00	RESPIRATORY THERAPY	65.00	0	114,839	0	22.00
23.00	PHYSICAL THERAPY	66.00	0	17,763	0	23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	12,542	0	24.00
25.00	SPEECH PATHOLOGY	68.00	0	7,811	0	25.00
26.00	ELECTROCARDIOLOGY	69.00	0	25,286	0	26.00
27.00	CATH LAB	69.01	0	3,629,597	0	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	75,685	0	28.00
29.00	RENAL DIALYSIS	74.00	0	6,104	0	29.00
30.00	ASC (NON-DISTINCT PART)	75.00	0	1,319,453	0	30.00
31.00	CLINIC	90.00	0	138,235	0	31.00
32.00	DMG EXPRESS CARE PHYSICIAN GROUP	90.01	0	73,278	0	32.00
33.00	DMG PHYSICIAN GROUP	90.02	0	521,077	0	33.00
34.00	EMERGENCY	91.00	0	187,484	0	34.00
35.00	HOME HEALTH AGENCY	101.00	0	55,237	0	35.00
36.00	HOSPICE	116.00	0	30	0	36.00
0			0	28,002,177		

RECLASSIFICATIONS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6

Date/Time Prepared:
2/27/2020 2:25 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
M - IMPLANTABLE DEVICES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	23,901,975	0	1.00
	0		0	23,901,975		
N - PROVIDER BASED PHYSICIANS						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	125,220	65,446	0	1.00
	TOTALS		125,220	65,446		
500.00	Grand Total: Decreases		10,882,312	88,270,562		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part I
Date/Time Prepared:
2/27/2020 2:25 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	1,379,068	0	0	0	0	1.00	
2.00	Land Improvements	9,818,377	326,013	0	326,013	0	2.00	
3.00	Buildings and Fixtures	184,116,845	3,911,344	0	3,911,344	0	3.00	
4.00	Building Improvements	3,234,336	-229	0	-229	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	251,866,148	-4,480,130	0	-4,480,130	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	450,414,774	-243,002	0	-243,002	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	450,414,774	-243,002	0	-243,002	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,379,068	0				1.00	
2.00	Land Improvements	10,144,390	0				2.00	
3.00	Buildings and Fixtures	188,028,189	0				3.00	
4.00	Building Improvements	3,234,107	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	247,386,018	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	450,171,772	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	450,171,772	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part II
Date/Time Prepared:
2/27/2020 2:25 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	16,462,323	0	234,640	0	9,132,643	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	16,462,323	0	234,640	0	9,132,643	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	25,829,606				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	25,829,606				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part III
Date/Time Prepared:
2/27/2020 2:25 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	202,785,753	0	202,785,753	0.450463	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	247,386,018	0	247,386,018	0.549537	0	2.00
3.00	Total (sum of lines 1-2)	450,171,771	0	450,171,771	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	6,674,630	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,788,850	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	16,463,480	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	234,640	0	0	0	6,909,270	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	9,788,850	2.00
3.00	Total (sum of lines 1-2)	234,640	0	0	0	16,698,120	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8

Date/Time Prepared:
2/27/2020 2:25 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)	B	-926	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-210,045	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0	0.00	0	7.00
8.00	Television and radio service (chapter 21)			0	0.00	0	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-37,713,857			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		0		0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-2,180,512	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	B		0MEDICAL RECORDS & LIBRARY	16.00	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	B	-10,172	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	-543,802	PARAMED ED PRGM-(SPECIFY)	23.00	0	19.00
20.00	Vending machines	B	-25,306	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist	A	-7,131,634	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	A&G - OTHER REVENUE	B	-1,818,066	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8

Date/Time Prepared:
2/27/2020 2:25 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	MISC TELEPHONE REVENUE	B	-89,450	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	MISC ACCOUNTING REVENUE	B	-92,095	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	OPERATION OF PLANT - OTHER REV	B	-67	OPERATION OF PLANT	7.00	0	33.03
33.04	DIET-OTHER REVENUE	B	-10,916	DIETARY	10.00	0	33.04
33.05	NURSING ADMIN - OTHER REVENUE	B	-102,648	NURSING ADMINISTRATION	13.00	0	33.05
33.06	PEDS-OTHER REVENUE	B	-5,984	ADULTS & PEDIATRICS	30.00	0	33.06
33.07	OBGY-OTHER REVENUE	B	-1,107	ADULTS & PEDIATRICS	30.00	0	33.07
33.08	RENT INCOME	B	0	OPERATING ROOM	50.00	0	33.08
33.09	XRAY-OTHER REVENUE	B	-846,877	RADIOLOGY-DIAGNOSTIC	54.00	0	33.09
33.10	SIUR-OTHER REVENUE	B	-4,600	CLINIC	90.00	0	33.10
33.11	CANC-OTHER REVENUE	B	-4,598	RADIOLOGY-THERAPEUTIC	55.00	0	33.11
33.12	SPOR-OTHER REVENUE	B	-35,665	PHYSICAL THERAPY	66.00	0	33.12
33.13	DMG - OTHER REVENUE	B	-250,331	DMG PHYSICIAN GROUP	90.02	0	33.13
33.14	ER - OTHER REVENUE	B	-47,269	EMERGENCY	91.00	0	33.14
33.15	NON-ALLOWABLE DUES	A	-828	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.16	HOSPITAL LOBBYING DUES	A	-127,142	ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.17	HOME CARE & HOSPICE LOBBYING DUES	A	-748	HOME HEALTH AGENCY	101.00	0	33.17
33.18	TRAUMA CENTER ASSN OF AMERICA DUES	A	-920	EMERGENCY	91.00	0	33.18
33.19	ADVERTISING	A	-667,896	ADMINISTRATIVE & GENERAL	5.00	0	33.19
33.20	DMG ADVERTISING	A	-5,228	DMG PHYSICIAN GROUP	90.02	0	33.20
33.21	NON-ALLOWABLE MARKETING	A	-153,041	ADMINISTRATIVE & GENERAL	5.00	0	33.21
33.22	CRNA BENEFITS	A	-491,184	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.22
33.23	CRNA ACCRUALS	A	-39,813	ANESTHESIOLOGY	53.00	0	33.23
33.24	CRNA FICA	A	-353,797	ANESTHESIOLOGY	53.00	0	33.24
33.25	ILLINOIS PROVIDER TAX EXP	A	-9,132,643	ADMINISTRATIVE & GENERAL	5.00	0	33.25
33.26	SELF INSURANCE	A	-8,746,120	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.26
33.27	GOODWILL IMPAIRMENT	A	-119,499,964	ADMINISTRATIVE & GENERAL	5.00	0	33.27
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-190,345,251				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8-2

Date/Time Prepared:
2/27/2020 2:25 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	30.00	ADULTS & PEDIATRICS	1,506	0	1,506	179,000	8	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,479	129	1,350	179,000	6	2.00
3.00	66.00	PHYSICAL THERAPY	3,383	0	3,383	179,000	18	3.00
4.00	70.00	ELECTROENCEPHALOGRAPHY	185	0	185	179,000	1	4.00
5.00	66.00	PHYSICAL THERAPY	30,000	0	30,000	179,000	352	5.00
6.00	90.00	CLINIC	5,400	0	5,400	179,000	27	6.00
7.00	90.01	DMG EXPRESS CARE PHYSICIAN GROUP	664,470	644,470	20,000	179,000	320	7.00
8.00	90.02	DMG PHYSICIAN GROUP	702,223	702,223	0	179,000	0	8.00
9.00	90.02	DMG PHYSICIAN GROUP	2,715	2,715	0	179,000	0	9.00
10.00	90.02	DMG PHYSICIAN GROUP	805,385	805,385	0	179,000	0	10.00
11.00	90.02	DMG PHYSICIAN GROUP	1,186,483	1,186,483	0	179,000	130	11.00
12.00	90.02	DMG PHYSICIAN GROUP	289,160	289,160	0	179,000	0	12.00
13.00	90.02	DMG PHYSICIAN GROUP	335,036	335,036	0	179,000	0	13.00
14.00	90.02	DMG PHYSICIAN GROUP	567,943	567,943	0	179,000	0	14.00
15.00	90.02	DMG PHYSICIAN GROUP	2,022,042	1,972,042	50,000	179,000	348	15.00
16.00	90.02	DMG PHYSICIAN GROUP	25,000	0	25,000	179,000	66	16.00
17.00	90.02	DMG PHYSICIAN GROUP	768,648	731,148	37,500	179,000	352	17.00
18.00	90.02	DMG PHYSICIAN GROUP	4,167,533	4,105,033	62,500	179,000	288	18.00
19.00	90.02	DMG PHYSICIAN GROUP	60,000	0	60,000	179,000	221	19.00
20.00	90.02	DMG PHYSICIAN GROUP	265,887	265,887	0	179,000	0	20.00
21.00	90.02	DMG PHYSICIAN GROUP	2,479,491	2,379,491	100,000	179,000	520	21.00
22.00	90.02	DMG PHYSICIAN GROUP	2,929,579	2,849,579	80,000	179,000	646	22.00
23.00	90.02	DMG PHYSICIAN GROUP	2,320,933	2,276,773	44,160	179,000	208	23.00
24.00	30.00	ADULTS & PEDIATRICS	32,000	0	32,000	179,000	314	24.00
25.00	30.00	ADULTS & PEDIATRICS	24,000	0	24,000	179,000	329	25.00
26.00	90.02	DMG PHYSICIAN GROUP	376,185	376,185	0	179,000	0	26.00
27.00	90.02	DMG PHYSICIAN GROUP	462,737	462,737	0	179,000	0	27.00
28.00	90.02	DMG PHYSICIAN GROUP	565,700	565,700	0	179,000	0	28.00
29.00	90.02	DMG PHYSICIAN GROUP	485,199	485,199	0	179,000	0	29.00
30.00	90.02	DMG PHYSICIAN GROUP	733,480	733,480	0	179,000	0	30.00
31.00	90.02	DMG PHYSICIAN GROUP	472,796	432,796	40,000	179,000	242	31.00
32.00	90.02	DMG PHYSICIAN GROUP	2,016,279	1,991,279	25,000	179,000	226	32.00
33.00	90.02	DMG PHYSICIAN GROUP	25,000	0	25,000	179,000	225	33.00
34.00	90.02	DMG PHYSICIAN GROUP	1,584,800	1,584,800	0	179,000	0	34.00
35.00	91.00	EMERGENCY	205,767	205,767	0	179,000	0	35.00
36.00	91.00	EMERGENCY	26,023	26,023	0	179,000	0	36.00
37.00	50.00	OPERATING ROOM	60,000	0	60,000	246,400	240	37.00
38.00	54.00	RADIOLOGY-DIAGNOSTIC	520	520	0	271,900	0	38.00
39.00	55.00	RADIOLOGY-THERAPEUTIC	49,713	24,713	25,000	271,900	110	39.00
40.00	55.00	RADIOLOGY-THERAPEUTIC	9,900	0	9,900	271,900	50	40.00
41.00	69.01	CATH LAB	26,000	0	26,000	179,000	104	41.00
42.00	70.00	ELECTROENCEPHALOGRAPHY	3,800	0	3,800	179,000	21	42.00
43.00	90.00	CLINIC	9,750	0	9,750	179,000	39	43.00
44.00	90.02	DMG PHYSICIAN GROUP	2,641,975	2,583,725	58,250	179,000	233	44.00
45.00	90.02	DMG PHYSICIAN GROUP	234,664	234,664	0	179,000	0	45.00
46.00	90.02	DMG PHYSICIAN GROUP	40,287	40,287	0	179,000	0	46.00
47.00	90.02	DMG PHYSICIAN GROUP	7,450	7,450	0	179,000	0	47.00
48.00	90.02	DMG PHYSICIAN GROUP	10,628	10,628	0	179,000	0	48.00
49.00	90.02	DMG PHYSICIAN GROUP	3,703,233	3,703,233	0	179,000	0	49.00
50.00	90.02	DMG PHYSICIAN GROUP	263,896	263,896	0	179,000	0	50.00
51.00	90.02	DMG PHYSICIAN GROUP	750,388	750,388	0	179,000	0	51.00
52.00	90.02	DMG PHYSICIAN GROUP	619,976	619,976	0	179,000	0	52.00
53.00	91.00	EMERGENCY	3,176,492	2,986,492	190,000	179,000	720	53.00
200.00			38,253,119	37,203,435	1,049,684		6,364	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	30.00	ADULTS & PEDIATRICS	688	34	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	516	26	0	0	0	2.00
3.00	66.00	PHYSICAL THERAPY	1,549	77	0	0	0	3.00
4.00	70.00	ELECTROENCEPHALOGRAPHY	86	4	0	0	0	4.00
5.00	66.00	PHYSICAL THERAPY	30,292	1,515	0	0	0	5.00
6.00	90.00	CLINIC	2,324	116	0	0	0	6.00
7.00	90.01	DMG EXPRESS CARE PHYSICIAN GROUP	27,538	1,377	0	0	0	7.00
8.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	8.00
9.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	9.00
10.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	10.00
11.00	90.02	DMG PHYSICIAN GROUP	11,188	559	0	0	0	11.00
12.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	12.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8-2

Date/Time Prepared:
2/27/2020 2:25 pm

	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	
13.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	13.00
14.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	14.00
15.00	90.02	DMG PHYSICIAN GROUP	29,948	1,497	0	0	0	15.00
16.00	90.02	DMG PHYSICIAN GROUP	5,680	284	0	0	0	16.00
17.00	90.02	DMG PHYSICIAN GROUP	30,292	1,515	0	0	0	17.00
18.00	90.02	DMG PHYSICIAN GROUP	24,785	1,239	0	0	0	18.00
19.00	90.02	DMG PHYSICIAN GROUP	19,019	951	0	0	0	19.00
20.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	20.00
21.00	90.02	DMG PHYSICIAN GROUP	44,750	2,238	0	0	0	21.00
22.00	90.02	DMG PHYSICIAN GROUP	55,593	2,780	0	0	0	22.00
23.00	90.02	DMG PHYSICIAN GROUP	17,900	895	0	0	0	23.00
24.00	30.00	ADULTS & PEDIATRICS	27,022	1,351	0	0	0	24.00
25.00	30.00	ADULTS & PEDIATRICS	28,313	1,416	0	0	0	25.00
26.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	26.00
27.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	27.00
28.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	28.00
29.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	29.00
30.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	30.00
31.00	90.02	DMG PHYSICIAN GROUP	20,826	1,041	0	0	0	31.00
32.00	90.02	DMG PHYSICIAN GROUP	19,449	972	0	0	0	32.00
33.00	90.02	DMG PHYSICIAN GROUP	19,363	968	0	0	0	33.00
34.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	34.00
35.00	91.00	EMERGENCY	0	0	0	0	0	35.00
36.00	91.00	EMERGENCY	0	0	0	0	0	36.00
37.00	50.00	OPERATING ROOM	28,431	1,422	0	0	0	37.00
38.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	38.00
39.00	55.00	RADIOLOGY-THERAPEUTIC	14,379	719	0	0	0	39.00
40.00	55.00	RADIOLOGY-THERAPEUTIC	6,536	327	0	0	0	40.00
41.00	69.01	CATH LAB	8,950	448	0	0	0	41.00
42.00	70.00	ELECTROENCEPHALOGRAPHY	1,807	90	0	0	0	42.00
43.00	90.00	CLINIC	3,356	168	0	0	0	43.00
44.00	90.02	DMG PHYSICIAN GROUP	20,051	1,003	0	0	0	44.00
45.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	45.00
46.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	46.00
47.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	47.00
48.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	48.00
49.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	49.00
50.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	50.00
51.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	51.00
52.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	52.00
53.00	91.00	EMERGENCY	61,962	3,098	0	0	0	53.00
200.00			562,593	28,130	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	688	818	818		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	516	834	963		2.00
3.00	66.00	PHYSICAL THERAPY	0	1,549	1,834	1,834		3.00
4.00	70.00	ELECTROENCEPHALOGRAPHY	0	86	99	99		4.00
5.00	66.00	PHYSICAL THERAPY	0	30,292	0	0		5.00
6.00	90.00	CLINIC	0	2,324	3,076	3,076		6.00
7.00	90.01	DMG EXPRESS CARE PHYSICIAN GROUP	0	27,538	0	644,470		7.00
8.00	90.02	DMG PHYSICIAN GROUP	0	0	0	702,223		8.00
9.00	90.02	DMG PHYSICIAN GROUP	0	0	0	2,715		9.00
10.00	90.02	DMG PHYSICIAN GROUP	0	0	0	805,385		10.00
11.00	90.02	DMG PHYSICIAN GROUP	0	11,188	0	1,186,483		11.00
12.00	90.02	DMG PHYSICIAN GROUP	0	0	0	289,160		12.00
13.00	90.02	DMG PHYSICIAN GROUP	0	0	0	335,036		13.00
14.00	90.02	DMG PHYSICIAN GROUP	0	0	0	567,943		14.00
15.00	90.02	DMG PHYSICIAN GROUP	0	29,948	20,052	1,992,094		15.00
16.00	90.02	DMG PHYSICIAN GROUP	0	5,680	19,320	19,320		16.00
17.00	90.02	DMG PHYSICIAN GROUP	0	30,292	7,208	738,356		17.00
18.00	90.02	DMG PHYSICIAN GROUP	0	24,785	37,715	4,142,748		18.00
19.00	90.02	DMG PHYSICIAN GROUP	0	19,019	40,981	40,981		19.00
20.00	90.02	DMG PHYSICIAN GROUP	0	0	0	265,887		20.00
21.00	90.02	DMG PHYSICIAN GROUP	0	44,750	55,250	2,434,741		21.00
22.00	90.02	DMG PHYSICIAN GROUP	0	55,593	24,407	2,873,986		22.00
23.00	90.02	DMG PHYSICIAN GROUP	0	17,900	26,260	2,303,033		23.00
24.00	30.00	ADULTS & PEDIATRICS	0	27,022	4,978	4,978		24.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8-2

Date/Time Prepared:
2/27/2020 2:25 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		
25.00	30.00	ADULTS & PEDIATRICS	0	28,313	0	0		25.00
26.00	90.02	DMG PHYSICIAN GROUP	0	0	0	376,185		26.00
27.00	90.02	DMG PHYSICIAN GROUP	0	0	0	462,737		27.00
28.00	90.02	DMG PHYSICIAN GROUP	0	0	0	565,700		28.00
29.00	90.02	DMG PHYSICIAN GROUP	0	0	0	485,199		29.00
30.00	90.02	DMG PHYSICIAN GROUP	0	0	0	733,480		30.00
31.00	90.02	DMG PHYSICIAN GROUP	0	20,826	19,174	451,970		31.00
32.00	90.02	DMG PHYSICIAN GROUP	0	19,449	5,551	1,996,830		32.00
33.00	90.02	DMG PHYSICIAN GROUP	0	19,363	5,637	5,637		33.00
34.00	90.02	DMG PHYSICIAN GROUP	0	0	0	1,584,800		34.00
35.00	91.00	EMERGENCY	0	0	0	205,767		35.00
36.00	91.00	EMERGENCY	0	0	0	26,023		36.00
37.00	50.00	OPERATING ROOM	0	28,431	31,569	31,569		37.00
38.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	520		38.00
39.00	55.00	RADIOLOGY-THERAPEUTIC	0	14,379	10,621	35,334		39.00
40.00	55.00	RADIOLOGY-THERAPEUTIC	0	6,536	3,364	3,364		40.00
41.00	69.01	CATH LAB	0	8,950	17,050	17,050		41.00
42.00	70.00	ELECTROENCEPHALOGRAPHY	0	1,807	1,993	1,993		42.00
43.00	90.00	CLINIC	0	3,356	6,394	6,394		43.00
44.00	90.02	DMG PHYSICIAN GROUP	0	20,051	38,199	2,621,924		44.00
45.00	90.02	DMG PHYSICIAN GROUP	0	0	0	234,664		45.00
46.00	90.02	DMG PHYSICIAN GROUP	0	0	0	40,287		46.00
47.00	90.02	DMG PHYSICIAN GROUP	0	0	0	7,450		47.00
48.00	90.02	DMG PHYSICIAN GROUP	0	0	0	10,628		48.00
49.00	90.02	DMG PHYSICIAN GROUP	0	0	0	3,703,233		49.00
50.00	90.02	DMG PHYSICIAN GROUP	0	0	0	263,896		50.00
51.00	90.02	DMG PHYSICIAN GROUP	0	0	0	750,388		51.00
52.00	90.02	DMG PHYSICIAN GROUP	0	0	0	619,976		52.00
53.00	91.00	EMERGENCY	0	61,962	128,038	3,114,530		53.00
200.00			0	562,593	510,422	37,713,857		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/27/2020 2:25 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	6,909,270	6,909,270			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	9,788,850		9,788,850		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	15,288,142	57,232	495	15,345,869	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	37,129,919	481,041	3,890,519	1,866,005	5.00
7.00	00700	OPERATION OF PLANT	10,468,065	387,227	446,022	178,136	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,103,001	84,531	0	0	8.00
9.00	00900	HOUSEKEEPING	2,727,404	777,746	10,241	180,013	9.00
10.00	01000	DIETARY	617,381	64,204	77,320	38,499	10.00
11.00	01100	CAFETERIA	1,113,983	335,383	0	201,127	11.00
13.00	01300	NURSING ADMINISTRATION	3,331,362	73,891	285,420	341,717	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,798,822	208,452	139,770	82,672	14.00
15.00	01500	PHARMACY	3,026,199	31,437	36,927	261,838	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,731,367	49,843	5,664	278,176	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	871,311	0	0	100,689	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,617,018	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	89,829	0	0	67,907	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,910,894	902,150	85,206	1,072,590	30.00
31.00	03100	INTENSIVE CARE UNIT	4,681,865	143,240	79,542	347,208	31.00
32.00	03200	CORONARY CARE UNIT	3,505,359	139,559	6,805	263,349	32.00
40.00	04000	SUBPROVIDER - IPF	2,564,637	168,403	11,533	178,931	40.00
43.00	04300	NURSERY	7,682	16,887	5,461	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,188,911	538,931	1,883,810	626,568	50.00
50.01	05001	ORTHO MEDICAL	128,780	15,611	1,869	13,750	50.01
51.00	05100	RECOVERY ROOM	829,878	26,198	1,298	87,088	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	315,499	33,305	0	31,802	52.00
53.00	05300	ANESTHESIOLOGY	1,018,031	27,299	199,528	55,264	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,746,068	446,004	868,731	739,411	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,170,187	98,893	65,712	158,781	55.00
60.00	06000	LABORATORY	7,363,050	139,694	186,000	352,987	60.00
65.00	06500	RESPIRATORY THERAPY	1,381,948	0	33,945	142,275	65.00
66.00	06600	PHYSICAL THERAPY	4,161,806	121,973	20,217	363,968	66.00
67.00	06700	OCCUPATIONAL THERAPY	521,824	7,577	3,600	54,939	67.00
68.00	06800	SPEECH PATHOLOGY	350,250	8,974	0	36,830	68.00
69.00	06900	ELECTROCARDIOLOGY	2,558,324	145,269	325,048	216,260	69.00
69.01	06901	CATH LAB	1,599,840	153,625	322,131	142,916	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	842,355	23,538	44,126	76,890	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,890,157	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,901,975	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,837,893	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	498,528	0	13,927	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,489,997	63,210	176,404	325,267	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,134,284	0	17,895	5,975	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	2,708,886	0	8,977	281,586	90.01
90.02	09002	DMG PHYSICIAN GROUP	22,629,008	0	229,443	4,259,091	90.02
91.00	09100	EMERGENCY	4,249,505	403,040	74,985	355,862	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
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	3,247,294	55,001	959	296,844	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	1,156,281	0	0	78,187	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	248,202,919	6,229,368	9,559,530	14,161,398	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	778,423	46,860	2,571	14,948	190.00
190.01	19001	SIU CLINIC	388,082	0	271	0	190.01
190.02	19002	WOMEN'S CENTER	112,977	0	0	8,606	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	3,057	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	2,116,523	0	62,394	68,162	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	10,573	0	0	190.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/27/2020 2:25 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	
190.09	19009	SHORE	51,335	0	0	0	51,335	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	117	0	117	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	3,496,495	0	33	18,302	3,514,830	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	1,842,885	0	49,748	149,069	2,041,702	190.15
190.16	19016	CANCER CARE INSTITUTE	278,053	6,449	40,047	26,267	350,816	190.16
190.17	19017	INTEGRATED CENTER	524,646	0	9,137	22,223	556,006	190.17
190.18	19019	340B ADMINISTRATION	1,577,321	0	0	10,792	1,588,113	190.18
191.00	19100	RESEARCH	921,161	23,484	5,664	85,939	1,036,248	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,544,639	592,536	59,338	780,163	11,976,676	192.00
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)	270,838,516	6,909,270	9,788,850	15,345,869	270,838,516	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/27/2020 2:25 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	43,367,484					5.00
7.00	00700	OPERATION OF PLANT	2,188,569	13,668,019				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	226,404	193,084	1,607,020			8.00
9.00	00900	HOUSEKEEPING	704,532	1,776,513	0	6,176,449		9.00
10.00	01000	DIETARY	152,026	146,654	147	77,429	1,173,660	10.00
11.00	01100	CAFETERIA	314,668	766,075	0	404,467	0	11.00
13.00	01300	NURSING ADMINISTRATION	768,779	168,780	0	89,111	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	425,098	476,143	0	251,390	0	14.00
15.00	01500	PHARMACY	639,901	71,808	0	37,913	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	775,006	113,850	0	60,109	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	185,313	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	880,239	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	30,073	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,663,555	2,060,674	461,031	1,087,983	740,374	30.00
31.00	03100	INTENSIVE CARE UNIT	1,001,271	327,187	163,137	172,746	100,862	31.00
32.00	03200	CORONARY CARE UNIT	746,412	318,779	95,511	168,306	118,988	32.00
40.00	04000	SUBPROVIDER - IPF	557,369	384,664	0	203,092	122,820	40.00
43.00	04300	NURSERY	5,725	38,574	13,212	20,366	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,142,578	1,231,017	145,736	649,944	4,747	50.00
50.01	05001	ORTHO MEDICAL	30,506	35,659	0	18,827	0	50.01
51.00	05100	RECOVERY ROOM	180,063	59,840	43,895	31,594	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	72,563	76,074	0	40,165	0	52.00
53.00	05300	ANESTHESIOLOGY	247,870	62,356	0	32,922	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,821,676	1,018,754	125,324	537,874	7,854	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	666,053	225,889	38,559	119,263	0	55.00
60.00	06000	LABORATORY	1,533,164	319,086	0	168,468	0	60.00
65.00	06500	RESPIRATORY THERAPY	297,066	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	889,952	278,609	99,792	147,098	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	112,091	17,308	0	9,138	0	67.00
68.00	06800	SPEECH PATHOLOGY	75,508	20,499	0	10,823	0	68.00
69.00	06900	ELECTROCARDIOLOGY	618,644	331,821	97,392	175,192	0	69.00
69.01	06901	CATH LAB	422,962	350,908	0	185,270	5,508	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	188,155	53,764	33,314	28,386	136	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	741,662	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,556,935	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,066,255	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	97,700	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	773,067	144,383	90,545	76,230	37,377	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	220,803	0	8,738	0	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	571,848	0	4,133	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	5,169,890	0	4,640	0	0	90.02
91.00	09100	EMERGENCY	969,154	920,616	144,157	486,060	34,994	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
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	686,362	125,633	0	66,331	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	235,353	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	38,652,820	12,115,001	1,569,263	5,356,497	1,173,660	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	160,681	107,037	0	56,513	0	190.00
190.01	19001	SIU CLINIC	74,040	0	0	0	0	190.01
190.02	19002	WOMEN'S CENTER	23,180	0	0	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	583	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	428,408	0	0	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	2,016	24,151	0	12,751	0	190.08
190.09	19009	SHORE	9,787	0	0	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	22	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	670,106	0	0	0	0	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	389,253	0	2,758	0	0	190.15
190.16	19016	CANCER CARE INSTITUTE	66,883	14,730	0	7,777	0	190.16
190.17	19017	INTEGRATED CENTER	106,003	0	27,138	0	0	190.17
190.18	19019	340B ADMINISTRATION	302,775	0	0	0	0	190.18
191.00	19100	RESEARCH	197,562	53,641	0	28,321	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,283,365	1,353,459	7,861	714,590	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	43,367,484	13,668,019	1,607,020	6,176,449	1,173,660	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:
From 10/01/2018
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	3,135,703					11.00
13.00	01300	NURSING ADMINISTRATION	92,382	5,151,442				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	38,734	0	3,421,081			14.00
15.00	01500	PHARMACY	64,513	0	2,207	4,172,743		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	98,497	0	163	0	5,112,675	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	6,665	0	185	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	358,507	2,954,056	4,731	0	134,838	30.00
31.00	03100	INTENSIVE CARE UNIT	107,141	882,925	1,884	0	46,022	31.00
32.00	03200	CORONARY CARE UNIT	82,792	682,080	1,320	0	38,513	32.00
40.00	04000	SUBPROVIDER - IPF	61,192	504,146	1,194	0	28,680	40.00
43.00	04300	NURSERY	0	0	379	0	8,288	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	198,467	0	25,794	16,074	758,211	50.00
50.01	05001	ORTHO MEDICAL	4,157	0	11	0	12,493	50.01
51.00	05100	RECOVERY ROOM	23,601	0	96	0	42,044	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	58	0	20,798	52.00
53.00	05300	ANESTHESIOLOGY	60,642	0	24,593	0	44,600	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	251,455	0	163,902	550,089	1,143,311	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	39,284	0	1,549	1,032	123,910	55.00
60.00	06000	LABORATORY	129,796	0	233,162	0	668,706	60.00
65.00	06500	RESPIRATORY THERAPY	42,914	0	3,289	0	112,149	65.00
66.00	06600	PHYSICAL THERAPY	107,515	0	3,652	0	99,468	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,429	0	19	0	30,768	67.00
68.00	06800	SPEECH PATHOLOGY	7,830	0	1	0	14,490	68.00
69.00	06900	ELECTROCARDIOLOGY	65,657	0	1,663	66,506	202,285	69.00
69.01	06901	CATH LAB	35,237	0	17,052	20,615	138,305	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	25,053	0	2,355	0	46,572	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	419,397	0	39,338	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,444,865	0	161,029	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,091,065	254,534	73.00
74.00	07400	RENAL DIALYSIS	0	0	13	0	6,535	74.00
75.00	07500	ASC (NON-DISTINCT PART)	95,483	128,235	2,484	0	134,467	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,903	0	288	0	56,183	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	48,390	0	1,077	0	31,901	90.01
90.02	09002	DMG PHYSICIAN GROUP	505,991	0	10,335	660	403,789	90.02
91.00	09100	EMERGENCY	113,300	0	1,754	0	285,906	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
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	79,712	0	993	0	18,009	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	21,072	0	2,727	8,679	6,533	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,783,311	5,151,442	3,373,192	3,754,720	5,112,675	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,294	0	25,701	0	0	190.00
190.01	19001	SIU CLINIC	33,103	0	0	0	0	190.01
190.02	19002	WOMEN'S CENTER	2,683	0	158	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	30,288	0	3,868	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	0	0	0	190.08
190.09	19009	SHORE	0	0	63	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	7,215	0	17	0	0	190.12

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	44,079	0	12,918	14,051	0	190.15
190.16	19016	CANCER CARE INSTITUTE	10,382	0	5	0	0	190.16
190.17	19017	INTEGRATED CENTER	21,094	0	2,399	0	0	190.17
190.18	19019	340B ADMINISTRATION	2,947	0	0	402,725	0	190.18
191.00	19100	RESEARCH	32,664	0	1,675	1,247	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	157,643	0	1,085	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,135,703	5,151,442	3,421,081	4,172,743	5,112,675	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
			NONPHYSICIAN ANESTHETISTS	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
				APPRV	APPRV		
			19.00	21.00	22.00	23.00	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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		1,157,313			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			5,497,257		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				194,659	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,157,313	5,497,257	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	194,659	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	CATH LAB	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	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
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,157,313	5,497,257	194,659	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	SIU CLINIC	0	0	0	0	190.01
190.02	19002	WOMEN'S CENTER	0	0	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	0	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	0	0	190.08
190.09	19009	SHORE	0	0	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	190.10

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
				SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
				19.00	21.00	22.00	23.00	24.00
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	0	0	0	4,192,168	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	0	0	0	0	2,504,761	190.15
190.16	19016	CANCER CARE INSTITUTE	0	0	0	0	450,593	190.16
190.17	19017	INTEGRATED CENTER	0	0	0	0	712,640	190.17
190.18	19019	340B ADMINISTRATION	0	0	0	0	2,296,560	190.18
191.00	19100	RESEARCH	0	0	0	0	1,351,358	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	16,494,679	192.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,157,313	5,497,257	194,659	270,838,516	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-6,654,570	24,436,589	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,055,030	31.00
32.00	03200	CORONARY CARE UNIT	0	6,167,773	32.00
40.00	04000	SUBPROVIDER - IPF	0	4,786,661	40.00
43.00	04300	NURSERY	0	116,574	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	16,410,788	50.00
50.01	05001	ORTHO MEDICAL	0	261,663	50.01
51.00	05100	RECOVERY ROOM	0	1,325,595	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	590,264	52.00
53.00	05300	ANESTHESIOLOGY	0	1,967,764	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	21,420,453	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,709,112	55.00
60.00	06000	LABORATORY	0	11,094,113	60.00
65.00	06500	RESPIRATORY THERAPY	0	2,013,586	65.00
66.00	06600	PHYSICAL THERAPY	0	6,294,050	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	771,693	67.00
68.00	06800	SPEECH PATHOLOGY	0	525,205	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,804,061	69.00
69.01	06901	CATH LAB	0	3,394,369	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,364,644	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,090,554	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	31,064,804	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,249,747	73.00
74.00	07400	RENAL DIALYSIS	0	616,703	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	5,537,149	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	1,447,069	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	3,656,798	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	33,212,847	90.02
91.00	09100	EMERGENCY	0	8,039,333	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	4,577,138	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	1,508,832	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-6,654,570	231,510,961	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,203,028	190.00
190.01	19001	SIU CLINIC	0	495,496	190.01
190.02	19002	WOMEN'S CENTER	0	147,604	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	3,640	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	2,709,643	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	49,491	190.08
190.09	19009	SHORE	0	61,185	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	139	190.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/27/2020 2:25 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0		190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	4,192,168		190.12
190.13	19013	ELDERLY SERVICES	0	0		190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0		190.14
190.15	19015	CORPORATE HEALTH	0	2,504,761		190.15
190.16	19016	CANCER CARE INSTITUTE	0	450,593		190.16
190.17	19017	INTEGRATED CENTER	0	712,640		190.17
190.18	19019	340B ADMINISTRATION	0	2,296,560		190.18
191.00	19100	RESEARCH	0	1,351,358		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	16,494,679		192.00
200.00		Cross Foot Adjustments	0	0		200.00
201.00		Negative Cost Centers	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	-6,654,570	264,183,946		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/27/2020 2:25 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	57,232	495	57,727	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	481,041	3,890,519	4,371,560	5.00
7.00	00700	OPERATION OF PLANT	0	387,227	446,022	833,249	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	84,531	0	84,531	8.00
9.00	00900	HOUSEKEEPING	0	777,746	10,241	787,987	9.00
10.00	01000	DIETARY	0	64,204	77,320	141,524	10.00
11.00	01100	CAFETERIA	0	335,383	0	335,383	11.00
13.00	01300	NURSING ADMINISTRATION	0	73,891	285,420	359,311	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	208,452	139,770	348,222	14.00
15.00	01500	PHARMACY	0	31,437	36,927	68,364	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	49,843	5,664	55,507	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
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	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	902,150	85,206	987,356	30.00
31.00	03100	INTENSIVE CARE UNIT	0	143,240	79,542	222,782	31.00
32.00	03200	CORONARY CARE UNIT	0	139,559	6,805	146,364	32.00
40.00	04000	SUBPROVIDER - IPF	0	168,403	11,533	179,936	40.00
43.00	04300	NURSERY	0	16,887	5,461	22,348	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	538,931	1,883,810	2,422,741	50.00
50.01	05001	ORTHO MEDICAL	0	15,611	1,869	17,480	50.01
51.00	05100	RECOVERY ROOM	0	26,198	1,298	27,496	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	33,305	0	33,305	52.00
53.00	05300	ANESTHESIOLOGY	0	27,299	199,528	226,827	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	446,004	868,731	1,314,735	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	98,893	65,712	164,605	55.00
60.00	06000	LABORATORY	0	139,694	186,000	325,694	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	33,945	33,945	65.00
66.00	06600	PHYSICAL THERAPY	0	121,973	20,217	142,190	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,577	3,600	11,177	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,974	0	8,974	68.00
69.00	06900	ELECTROCARDIOLOGY	0	145,269	325,048	470,317	69.00
69.01	06901	CATH LAB	0	153,625	322,131	475,756	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	23,538	44,126	67,664	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	13,927	13,927	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	63,210	176,404	239,614	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	17,895	17,895	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	8,977	8,977	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0	229,443	229,443	90.02
91.00	09100	EMERGENCY	0	403,040	74,985	478,025	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
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	55,001	959	55,960	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	6,229,368	9,559,530	15,788,898	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	46,860	2,571	49,431	190.00
190.01	19001	SIU CLINIC	0	0	271	271	190.01
190.02	19002	WOMEN'S CENTER	0	0	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	0	62,394	62,394	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	10,573	0	10,573	190.08
190.09	19009	SHORE	0	0	0	0	190.09

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
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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	
190.10	19010	PHYSICIAN RECRUITMENT	0	0	117	117	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	0	33	33	69	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	0	0	49,748	49,748	561	190.15
190.16	19016	CANCER CARE INSTITUTE	0	6,449	40,047	46,496	99	190.16
190.17	19017	INTEGRATED CENTER	0	0	9,137	9,137	84	190.17
190.18	19019	340B ADMINISTRATION	0	0	0	0	41	190.18
191.00	19100	RESEARCH	0	23,484	5,664	29,148	323	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	592,536	59,338	651,874	2,937	192.00
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	6,909,270	9,788,850	16,698,120	57,727	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,378,584					5.00
7.00	00700	OPERATION OF PLANT	220,968	1,054,888				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,859	14,902	122,292			8.00
9.00	00900	HOUSEKEEPING	71,133	137,110	0	996,908		9.00
10.00	01000	DIETARY	15,349	11,319	11	12,497	180,845	10.00
11.00	01100	CAFETERIA	31,770	59,125	0	65,283	0	11.00
13.00	01300	NURSING ADMINISTRATION	77,619	13,026	0	14,383	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	42,920	36,748	0	40,576	0	14.00
15.00	01500	PHARMACY	64,607	5,542	0	6,119	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	78,248	8,787	0	9,702	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	18,710	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	88,873	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	3,036	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	268,925	159,042	35,086	175,607	114,082	30.00
31.00	03100	INTENSIVE CARE UNIT	101,093	25,252	12,415	27,882	15,541	31.00
32.00	03200	CORONARY CARE UNIT	75,361	24,603	7,268	27,165	18,335	32.00
40.00	04000	SUBPROVIDER - IPF	56,275	29,688	0	32,780	18,925	40.00
43.00	04300	NURSERY	578	2,977	1,005	3,287	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	216,324	95,009	11,090	104,904	731	50.00
50.01	05001	ORTHO MEDICAL	3,080	2,752	0	3,039	0	50.01
51.00	05100	RECOVERY ROOM	18,180	4,618	3,340	5,099	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,326	5,871	0	6,483	0	52.00
53.00	05300	ANESTHESIOLOGY	25,026	4,813	0	5,314	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	284,889	78,627	9,537	86,815	1,210	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	67,248	17,434	2,934	19,250	0	55.00
60.00	06000	LABORATORY	154,795	24,627	0	27,192	0	60.00
65.00	06500	RESPIRATORY THERAPY	29,993	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	89,854	21,503	7,594	23,742	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,317	1,336	0	1,475	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,624	1,582	0	1,747	0	68.00
69.00	06900	ELECTROCARDIOLOGY	62,461	25,610	7,411	28,277	0	69.00
69.01	06901	CATH LAB	42,704	27,083	0	29,903	849	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	18,997	4,149	2,535	4,582	21	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	74,882	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	460,089	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	208,619	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	9,864	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	78,052	11,143	6,890	12,304	5,759	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	22,293	0	665	0	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	57,736	0	315	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	521,982	0	353	0	0	90.02
91.00	09100	EMERGENCY	97,850	71,053	10,970	78,452	5,392	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
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	69,298	9,696	0	10,706	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	23,762	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,902,569	935,027	119,419	864,565	180,845	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,223	8,261	0	9,121	0	190.00
190.01	19001	SIU CLINIC	7,475	0	0	0	0	190.01
190.02	19002	WOMEN'S CENTER	2,340	0	0	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	59	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	43,254	0	0	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	204	1,864	0	2,058	0	190.08
190.09	19009	SHORE	988	0	0	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	2	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	67,657	0	0	0	0	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	39,301	0	210	0	0	190.15
190.16	19016	CANCER CARE INSTITUTE	6,753	1,137	0	1,255	0	190.16
190.17	19017	INTEGRATED CENTER	10,703	0	2,065	0	0	190.17
190.18	19019	340B ADMINISTRATION	30,570	0	0	0	0	190.18
191.00	19100	RESEARCH	19,947	4,140	0	4,571	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	230,539	104,459	598	115,338	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,378,584	1,054,888	122,292	996,908	180,845	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet B
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	492,318					11.00
13.00	01300	NURSING ADMINISTRATION	14,504	480,129				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,081	0	474,858			14.00
15.00	01500	PHARMACY	10,129	0	306	156,053		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15,464	0	23	0	168,778	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	1,046	0	26	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	56,287	275,326	657	0	4,453	30.00
31.00	03100	INTENSIVE CARE UNIT	16,822	82,291	262	0	1,520	31.00
32.00	03200	CORONARY CARE UNIT	12,999	63,572	183	0	1,272	32.00
40.00	04000	SUBPROVIDER - IPF	9,607	46,988	166	0	947	40.00
43.00	04300	NURSERY	0	0	53	0	274	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,160	0	3,580	601	25,039	50.00
50.01	05001	ORTHO MEDICAL	653	0	2	0	413	50.01
51.00	05100	RECOVERY ROOM	3,706	0	13	0	1,388	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	8	0	687	52.00
53.00	05300	ANESTHESIOLOGY	9,521	0	3,414	0	1,473	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,479	0	22,750	20,572	37,692	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,168	0	215	39	4,092	55.00
60.00	06000	LABORATORY	20,379	0	32,364	0	22,083	60.00
65.00	06500	RESPIRATORY THERAPY	6,738	0	456	0	3,704	65.00
66.00	06600	PHYSICAL THERAPY	16,880	0	507	0	3,285	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,265	0	3	0	1,016	67.00
68.00	06800	SPEECH PATHOLOGY	1,229	0	0	0	478	68.00
69.00	06900	ELECTROCARDIOLOGY	10,308	0	231	2,487	6,680	69.00
69.01	06901	CATH LAB	5,532	0	2,367	771	4,567	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,933	0	327	0	1,538	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	58,215	0	1,299	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	339,352	0	5,318	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	115,600	8,406	73.00
74.00	07400	RENAL DIALYSIS	0	0	2	0	216	74.00
75.00	07500	ASC (NON-DISTINCT PART)	14,991	11,952	345	0	4,441	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	456	0	40	0	1,855	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	7,597	0	149	0	1,054	90.01
90.02	09002	DMG PHYSICIAN GROUP	79,445	0	1,435	25	13,335	90.02
91.00	09100	EMERGENCY	17,789	0	243	0	9,442	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
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	12,515	0	138	0	595	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	3,308	0	379	325	216	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	436,991	480,129	468,211	140,420	168,778	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,616	0	3,567	0	0	190.00
190.01	19001	SIU CLINIC	5,197	0	0	0	0	190.01
190.02	19002	WOMEN'S CENTER	421	0	22	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	4,755	0	537	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	0	0	0	190.08
190.09	19009	SHORE	0	0	9	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	1,133	0	2	0	0	190.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/27/2020 2:25 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	6,921	0	1,793	525	0	190.15
190.16	19016	CANCER CARE INSTITUTE	1,630	0	1	0	0	190.16
190.17	19017	INTEGRATED CENTER	3,312	0	333	0	0	190.17
190.18	19019	340B ADMINISTRATION	463	0	0	15,061	0	190.18
191.00	19100	RESEARCH	5,128	0	232	47	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	24,751	0	151	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	492,318	480,129	474,858	156,053	168,778	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet B
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Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	
			NONPHYSICIAN ANESTHETISTS	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
				APPRV	APPRV			
			19.00	21.00	22.00	23.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		19,089				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			88,873			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				4,364		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					2,080,859	30.00
31.00	03100	INTENSIVE CARE UNIT					507,167	31.00
32.00	03200	CORONARY CARE UNIT					378,113	32.00
40.00	04000	SUBPROVIDER - IPF					375,986	40.00
43.00	04300	NURSERY					30,522	43.00
44.00	04400	SKILLED NURSING FACILITY					0	44.00
46.00	04600	OTHER LONG TERM CARE					0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					2,913,538	50.00
50.01	05001	ORTHO MEDICAL					27,471	50.01
51.00	05100	RECOVERY ROOM					64,168	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					53,800	52.00
53.00	05300	ANESTHESIOLOGY					276,596	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					1,899,089	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					282,583	55.00
60.00	06000	LABORATORY					608,463	60.00
65.00	06500	RESPIRATORY THERAPY					75,372	65.00
66.00	06600	PHYSICAL THERAPY					306,925	66.00
67.00	06700	OCCUPATIONAL THERAPY					28,796	67.00
68.00	06800	SPEECH PATHOLOGY					21,773	68.00
69.00	06900	ELECTROCARDIOLOGY					614,596	69.00
69.01	06901	CATH LAB					590,070	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY					104,035	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					134,396	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					804,759	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					332,625	73.00
74.00	07400	RENAL DIALYSIS					24,009	74.00
75.00	07500	ASC (NON-DISTINCT PART)					386,715	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC					43,226	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP					76,888	90.01
90.02	09002	DMG PHYSICIAN GROUP					862,009	90.02
91.00	09100	EMERGENCY					770,556	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)					0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY					160,025	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE					28,284	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	14,863,414	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					88,275	190.00
190.01	19001	SIU CLINIC					12,943	190.01
190.02	19002	WOMEN'S CENTER					2,815	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE					0	190.03
190.04	19004	NON HOSPITAL PHARMACIES					0	190.04
190.05	19005	RENTAL PROPERTY					59	190.05
190.06	19006	DECATUR DIGESTIVE CENTER					0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT					111,197	190.07
190.08	19008	PULMONARY EXTENDED CARE					14,699	190.08
190.09	19009	SHORE					997	190.09
190.10	19010	PHYSICIAN RECRUITMENT					119	190.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
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Cost Center Description			NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
				SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
				19.00	21.00	22.00	23.00	24.00
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE					0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY					68,894	190.12
190.13	19013	ELDERLY SERVICES					0	190.13
190.14	19014	REAL ESTATE MANAGEMENT					0	190.14
190.15	19015	CORPORATE HEALTH					99,059	190.15
190.16	19016	CANCER CARE INSTITUTE					57,371	190.16
190.17	19017	INTEGRATED CENTER					25,634	190.17
190.18	19019	340B ADMINISTRATION					46,135	190.18
191.00	19100	RESEARCH					63,536	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES					1,130,647	192.00
200.00		Cross Foot Adjustments	0	19,089	88,873	4,364	112,326	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	19,089	88,873	4,364	16,698,120	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet B
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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
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	2,080,859	30.00
31.00	03100	INTENSIVE CARE UNIT	0	507,167	31.00
32.00	03200	CORONARY CARE UNIT	0	378,113	32.00
40.00	04000	SUBPROVIDER - IPF	0	375,986	40.00
43.00	04300	NURSERY	0	30,522	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,913,538	50.00
50.01	05001	ORTHO MEDICAL	0	27,471	50.01
51.00	05100	RECOVERY ROOM	0	64,168	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	53,800	52.00
53.00	05300	ANESTHESIOLOGY	0	276,596	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,899,089	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	282,583	55.00
60.00	06000	LABORATORY	0	608,463	60.00
65.00	06500	RESPIRATORY THERAPY	0	75,372	65.00
66.00	06600	PHYSICAL THERAPY	0	306,925	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	28,796	67.00
68.00	06800	SPEECH PATHOLOGY	0	21,773	68.00
69.00	06900	ELECTROCARDIOLOGY	0	614,596	69.00
69.01	06901	CATH LAB	0	590,070	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	104,035	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	134,396	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	804,759	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	332,625	73.00
74.00	07400	RENAL DIALYSIS	0	24,009	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	386,715	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	43,226	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	76,888	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	862,009	90.02
91.00	09100	EMERGENCY	0	770,556	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	160,025	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	28,284	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	14,863,414	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	88,275	190.00
190.01	19001	SIU CLINIC	0	12,943	190.01
190.02	19002	WOMEN'S CENTER	0	2,815	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	59	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	111,197	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	14,699	190.08
190.09	19009	SHORE	0	997	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	119	190.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0		190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	68,894		190.12
190.13	19013	ELDERLY SERVICES	0	0		190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0		190.14
190.15	19015	CORPORATE HEALTH	0	99,059		190.15
190.16	19016	CANCER CARE INSTITUTE	0	57,371		190.16
190.17	19017	INTEGRATED CENTER	0	25,634		190.17
190.18	19019	340B ADMINISTRATION	0	46,135		190.18
191.00	19100	RESEARCH	0	63,536		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,130,647		192.00
200.00		Cross Foot Adjustments	0	112,326		200.00
201.00		Negative Cost Centers	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	16,698,120		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/27/2020 2:25 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	514,287					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		10,129,128				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,260	512	132,795,163			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	35,806	4,025,758	16,147,501	-43,367,484	227,471,032	5.00
7.00	00700	OPERATION OF PLANT	28,823	461,527	1,541,505	0	11,479,450	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,292	0	0	0	1,187,532	8.00
9.00	00900	HOUSEKEEPING	57,891	10,597	1,557,741	0	3,695,404	9.00
10.00	01000	DIETARY	4,779	80,008	333,152	0	797,404	10.00
11.00	01100	CAFETERIA	24,964	0	1,740,451	0	1,650,493	11.00
13.00	01300	NURSING ADMINISTRATION	5,500	295,342	2,957,050	0	4,032,390	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,516	144,629	715,405	0	2,229,716	14.00
15.00	01500	PHARMACY	2,340	38,211	2,265,821	0	3,356,401	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,710	5,861	2,407,199	0	4,065,050	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	871,311	0	972,000	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	4,617,018	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	587,635	0	157,736	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	67,151	88,168	9,281,670	0	13,970,840	30.00
31.00	03100	INTENSIVE CARE UNIT	10,662	82,307	3,004,566	0	5,251,855	31.00
32.00	03200	CORONARY CARE UNIT	10,388	7,042	2,278,894	0	3,915,072	32.00
40.00	04000	SUBPROVIDER - IPF	12,535	11,934	1,548,378	0	2,923,504	40.00
43.00	04300	NURSERY	1,257	5,651	0	0	30,030	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,115	1,949,295	5,422,012	0	11,238,220	50.00
50.01	05001	ORTHO MEDICAL	1,162	1,934	118,990	0	160,010	50.01
51.00	05100	RECOVERY ROOM	1,950	1,343	753,618	0	944,462	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,479	0	275,198	0	380,606	52.00
53.00	05300	ANESTHESIOLOGY	2,032	206,464	478,232	0	1,300,122	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,198	898,930	6,398,499	0	14,800,214	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,361	67,996	1,374,011	0	3,493,573	55.00
60.00	06000	LABORATORY	10,398	192,466	3,054,574	0	8,041,731	60.00
65.00	06500	RESPIRATORY THERAPY	0	35,125	1,231,179	0	1,558,168	65.00
66.00	06600	PHYSICAL THERAPY	9,079	20,920	3,149,601	0	4,667,964	66.00
67.00	06700	OCCUPATIONAL THERAPY	564	3,725	475,416	0	587,940	67.00
68.00	06800	SPEECH PATHOLOGY	668	0	318,708	0	396,054	68.00
69.00	06900	ELECTROCARDIOLOGY	10,813	336,347	1,871,407	0	3,244,901	69.00
69.01	06901	CATH LAB	11,435	333,329	1,236,722	0	2,218,512	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,752	45,660	665,368	0	986,909	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	3,890,157	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	23,901,975	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	10,837,893	73.00
74.00	07400	RENAL DIALYSIS	0	14,411	0	0	512,455	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4,705	182,536	2,814,703	0	4,054,878	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	18,517	51,709	0	1,158,154	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	9,289	2,436,710	0	2,999,449	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	237,419	36,855,589	0	27,117,542	90.02
91.00	09100	EMERGENCY	30,000	77,592	3,079,455	0	5,083,392	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
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,094	992	2,568,746	0	3,600,098	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	676,593	0	1,234,468	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	463,679	9,891,837	122,545,319	-43,367,484	202,741,742	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,488	2,660	129,352	0	842,802	190.00
190.01	19001	SIU CLINIC	0	280	0	0	388,353	190.01
190.02	19002	WOMEN'S CENTER	0	0	74,473	0	121,583	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0	3,057	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	64,563	589,844	0	2,247,079	190.07
190.08	19008	PULMONARY EXTENDED CARE	787	0	0	0	10,573	190.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/27/2020 2:25 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
190.09	19009	SHORE	0	0	0	0	51,335	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	121	0	0	117	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	34	158,376	0	3,514,830	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	0	51,477	1,289,972	0	2,041,702	190.15
190.16	19016	CANCER CARE INSTITUTE	480	41,439	227,300	0	350,816	190.16
190.17	19017	INTEGRATED CENTER	0	9,455	192,310	0	556,006	190.17
190.18	19019	340B ADMINISTRATION	0	0	93,387	0	1,588,113	190.18
191.00	19100	RESEARCH	1,748	5,861	743,676	0	1,036,248	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	44,105	61,401	6,751,154	0	11,976,676	192.00
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)	6,909,270	9,788,850	15,345,869		43,367,484	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.434658	0.966406	0.115560		0.190651	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			57,727		4,378,584	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000435		0.019249	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: 14-0135

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/27/2020 2:25 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	445,398					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,292	1,558,339				8.00
9.00	00900	HOUSEKEEPING	57,891	0	381,215			9.00
10.00	01000	DIETARY	4,779	143	4,779	129,559		10.00
11.00	01100	CAFETERIA	24,964	0	24,964	0	142,560	11.00
13.00	01300	NURSING ADMINISTRATION	5,500	0	5,500	0	4,200	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,516	0	15,516	0	1,761	14.00
15.00	01500	PHARMACY	2,340	0	2,340	0	2,933	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,710	0	3,710	0	4,478	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	303	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	67,151	447,065	67,151	81,729	16,299	30.00
31.00	03100	INTENSIVE CARE UNIT	10,662	158,195	10,662	11,134	4,871	31.00
32.00	03200	CORONARY CARE UNIT	10,388	92,618	10,388	13,135	3,764	32.00
40.00	04000	SUBPROVIDER - IPF	12,535	0	12,535	13,558	2,782	40.00
43.00	04300	NURSERY	1,257	12,812	1,257	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,115	141,321	40,115	524	9,023	50.00
50.01	05001	ORTHO MEDICAL	1,162	0	1,162	0	189	50.01
51.00	05100	RECOVERY ROOM	1,950	42,565	1,950	0	1,073	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,479	0	2,479	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,032	0	2,032	0	2,757	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,198	121,528	33,198	867	11,432	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,361	37,391	7,361	0	1,786	55.00
60.00	06000	LABORATORY	10,398	0	10,398	0	5,901	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	1,951	65.00
66.00	06600	PHYSICAL THERAPY	9,079	96,769	9,079	0	4,888	66.00
67.00	06700	OCCUPATIONAL THERAPY	564	0	564	0	656	67.00
68.00	06800	SPEECH PATHOLOGY	668	0	668	0	356	68.00
69.00	06900	ELECTROCARDIOLOGY	10,813	94,442	10,813	0	2,985	69.00
69.01	06901	CATH LAB	11,435	0	11,435	608	1,602	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,752	32,305	1,752	15	1,139	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
75.00	07500	ASC (NON-DISTINCT PART)	4,705	87,802	4,705	4,126	4,341	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	8,473	0	0	132	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	4,008	0	0	2,200	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	4,499	0	0	23,004	90.02
91.00	09100	EMERGENCY	30,000	139,790	30,000	3,863	5,151	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
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,094	0	4,094	0	3,624	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	958	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	394,790	1,521,726	330,607	129,559	126,539	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,488	0	3,488	0	468	190.00
190.01	19001	SIU CLINIC	0	0	0	0	1,505	190.01
190.02	19002	WOMEN'S CENTER	0	0	0	0	122	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	0	0	0	1,377	190.07
190.08	19008	PULMONARY EXTENDED CARE	787	0	787	0	0	190.08
190.09	19009	SHORE	0	0	0	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/27/2020 2:25 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
			7.00	8.00	9.00	10.00	11.00	
190.12	19012	CCOP FISCAL INTERMEDIARY	0	0	0	0	328	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	0	2,674	0	0	2,004	190.15
190.16	19016	CANCER CARE INSTITUTE	480	0	480	0	472	190.16
190.17	19017	INTEGRATED CENTER	0	26,316	0	0	959	190.17
190.18	19019	340B ADMINISTRATION	0	0	0	0	134	190.18
191.00	19100	RESEARCH	1,748	0	1,748	0	1,485	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	44,105	7,623	44,105	0	7,167	192.00
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)	13,668,019	1,607,020	6,176,449	1,173,660	3,135,703	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	30.687203	1.031239	16.202009	9.058884	21.995672	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,054,888	122,292	996,908	180,845	492,318	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.368417	0.078476	2.615081	1.395851	3.453409	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: 14-0135

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/27/2020 2:25 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	592,694					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	33,445,852				14.00
15.00	01500	PHARMACY	0	21,579	14,630,470			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,589	0	1,055,251,637		16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	1,811	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	339,876	46,255	0	27,830,347	0	30.00
31.00	03100	INTENSIVE CARE UNIT	101,584	18,420	0	9,498,841	0	31.00
32.00	03200	CORONARY CARE UNIT	78,476	12,906	0	7,948,959	0	32.00
40.00	04000	SUBPROVIDER - IPF	58,004	11,669	0	5,919,564	0	40.00
43.00	04300	NURSERY	0	3,706	0	1,710,721	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	252,173	56,360	156,493,593	0	50.00
50.01	05001	ORTHO MEDICAL	0	112	0	2,578,624	0	50.01
51.00	05100	RECOVERY ROOM	0	942	0	8,677,789	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	565	0	4,292,656	0	52.00
53.00	05300	ANESTHESIOLOGY	0	240,430	0	9,205,270	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,602,371	1,928,724	235,981,620	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	15,142	3,617	25,574,886	0	55.00
60.00	06000	LABORATORY	0	2,279,492	0	138,019,888	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	32,152	0	23,147,300	0	65.00
66.00	06600	PHYSICAL THERAPY	0	35,703	0	20,530,071	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	182	0	6,350,415	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	6	0	2,990,610	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	16,263	233,182	41,751,210	0	69.00
69.01	06901	CATH LAB	0	166,705	72,280	28,546,023	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	23,023	0	9,612,329	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,100,202	0	8,119,266	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	23,901,975	0	33,236,041	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	10,837,893	52,535,366	0	73.00
74.00	07400	RENAL DIALYSIS	0	129	0	1,348,714	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	14,754	24,283	0	27,753,859	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	2,817	0	11,596,093	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	10,525	0	6,584,376	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	101,036	2,314	83,341,416	0	90.02
91.00	09100	EMERGENCY	0	17,147	0	59,010,492	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
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	9,704	0	3,716,984	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	26,659	30,431	1,348,314	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	592,694	32,977,673	13,164,801	1,055,251,637	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	251,261	0	0	0	190.00
190.01	19001	SIU CLINIC	0	0	0	0	0	190.01
190.02	19002	WOMEN'S CENTER	0	1,544	0	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	37,811	0	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	0	0	0	190.08
190.09	19009	SHORE	0	619	0	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/27/2020 2:25 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	19.00	
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	162	0	0	0	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	0	126,289	49,264	0	0	190.15
190.16	19016	CANCER CARE INSTITUTE	0	52	0	0	0	190.16
190.17	19017	INTEGRATED CENTER	0	23,458	0	0	0	190.17
190.18	19019	340B ADMINISTRATION	0	0	1,412,033	0	0	190.18
191.00	19100	RESEARCH	0	16,371	4,372	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10,612	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,151,442	3,421,081	4,172,743	5,112,675	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.691571	0.102287	0.285209	0.004845	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	480,129	474,858	156,053	168,778	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.810079	0.014198	0.010666	0.000160	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet B-1
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES APPRV (TIME SPENT)	SERVICES-OTHER PRGM COSTS APPRV (TIME SPENT)		
			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
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	100			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		100		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	100	100	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	100	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
60.00	06000	LABORATORY	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
69.01	06901	CATH LAB	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE			0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	100	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001	SIU CLINIC	0	0	0	190.01
190.02	19002	WOMEN'S CENTER	0	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	0	190.08
190.09	19009	SHORE	0	0	0	190.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet B-1
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALAR Y & FRINGES APPRV (TIME SPENT)	SERVICES-OTHER PRGM COSTS APPRV (TIME SPENT)		
			21.00	22.00	23.00	
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	0	0	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	0	0	0	190.15
190.16	19016	CANCER CARE INSTITUTE	0	0	0	190.16
190.17	19017	INTEGRATED CENTER	0	0	0	190.17
190.18	19019	340B ADMINISTRATION	0	0	0	190.18
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
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)	1,157,313	5,497,257	194,659	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11,573.130000	54,972.570000	1,946.590000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	19,089	88,873	4,364	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	190.890000	888.730000	43.640000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
2/27/2020 2:25 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	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	24,436,589	24,436,589	6,630	24,443,219 30.00
31.00	03100	INTENSIVE CARE UNIT	8,055,030	8,055,030	0	8,055,030 31.00
32.00	03200	CORONARY CARE UNIT	6,167,773	6,167,773	0	6,167,773 32.00
40.00	04000	SUBPROVIDER - IPF	4,786,661	4,786,661	0	4,786,661 40.00
43.00	04300	NURSERY	116,574	116,574	0	116,574 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0 44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,410,788	16,410,788	31,569	16,442,357 50.00
50.01	05001	ORTHO MEDICAL	261,663	261,663	0	261,663 50.01
51.00	05100	RECOVERY ROOM	1,325,595	1,325,595	0	1,325,595 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	590,264	590,264	0	590,264 52.00
53.00	05300	ANESTHESIOLOGY	1,967,764	1,967,764	0	1,967,764 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,420,453	21,420,453	0	21,420,453 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,709,112	4,709,112	13,985	4,723,097 55.00
60.00	06000	LABORATORY	11,094,113	11,094,113	0	11,094,113 60.00
65.00	06500	RESPIRATORY THERAPY	2,013,586	2,013,586	0	2,013,586 65.00
66.00	06600	PHYSICAL THERAPY	6,294,050	6,294,050	1,834	6,295,884 66.00
67.00	06700	OCCUPATIONAL THERAPY	771,693	771,693	0	771,693 67.00
68.00	06800	SPEECH PATHOLOGY	525,205	525,205	0	525,205 68.00
69.00	06900	ELECTROCARDIOLOGY	4,804,061	4,804,061	0	4,804,061 69.00
69.01	06901	CATH LAB	3,394,369	3,394,369	17,050	3,411,419 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,364,644	1,364,644	2,092	1,366,736 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,090,554	5,090,554	0	5,090,554 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,064,804	31,064,804	0	31,064,804 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,249,747	16,249,747	0	16,249,747 73.00
74.00	07400	RENAL DIALYSIS	616,703	616,703	0	616,703 74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,537,149	5,537,149	0	5,537,149 75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,447,069	1,447,069	9,470	1,456,539 90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	3,656,798	3,656,798	0	3,656,798 90.01
90.02	09002	DMG PHYSICIAN GROUP	33,212,847	33,212,847	299,754	33,512,601 90.02
91.00	09100	EMERGENCY	8,039,333	8,039,333	128,038	8,167,371 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,494,267	4,494,267	0	4,494,267 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0 92.01
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	4,577,138	4,577,138		4,577,138 101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	1,508,832	1,508,832		1,508,832 116.00
200.00		Subtotal (see instructions)	236,005,228	236,005,228	510,422	236,515,650 200.00
201.00		Less Observation Beds	4,494,267	4,494,267		4,494,267 201.00
202.00		Total (see instructions)	231,510,961	231,510,961	510,422	232,021,383 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
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			Title XVIII			Hospital	PPS		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				9.00
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,215,471		23,215,471			30.00	
31.00	03100	INTENSIVE CARE UNIT	9,498,841		9,498,841			31.00	
32.00	03200	CORONARY CARE UNIT	7,948,959		7,948,959			32.00	
40.00	04000	SUBPROVIDER - IPF	5,919,564		5,919,564			40.00	
43.00	04300	NURSERY	1,710,721		1,710,721			43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00	
46.00	04600	OTHER LONG TERM CARE	0		0			46.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	57,260,042	99,233,551	156,493,593	0.104866	0.000000	50.00	
50.01	05001	ORTHO MEDICAL	901,647	1,676,977	2,578,624	0.101474	0.000000	50.01	
51.00	05100	RECOVERY ROOM	4,254,247	4,423,542	8,677,789	0.152757	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,962,717	329,939	4,292,656	0.137506	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	3,164,966	6,040,304	9,205,270	0.213765	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,854,530	182,127,090	235,981,620	0.090772	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	338,677	25,236,209	25,574,886	0.184130	0.000000	55.00	
60.00	06000	LABORATORY	51,092,383	86,927,505	138,019,888	0.080381	0.000000	60.00	
65.00	06500	RESPIRATORY THERAPY	20,974,658	2,172,642	23,147,300	0.086990	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	4,178,156	16,351,915	20,530,071	0.306577	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	2,408,110	3,942,305	6,350,415	0.121519	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	1,186,122	1,804,488	2,990,610	0.175618	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	10,671,396	31,079,814	41,751,210	0.115064	0.000000	69.00	
69.01	06901	CATH LAB	10,321,706	18,224,317	28,546,023	0.118909	0.000000	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,175,446	8,436,883	9,612,329	0.141968	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,201,492	4,917,774	8,119,266	0.626972	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,579,074	12,656,967	33,236,041	0.934672	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	24,452,406	28,082,960	52,535,366	0.309311	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	1,203,966	144,748	1,348,714	0.457253	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	2,888,274	24,865,585	27,753,859	0.199509	0.000000	75.00	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,523,182	10,072,911	11,596,093	0.124789	0.000000	90.00	
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	6,584,376	6,584,376	0.555375	0.000000	90.01	
90.02	09002	DMG PHYSICIAN GROUP	0	83,341,416	83,341,416	0.398516	0.000000	90.02	
91.00	09100	EMERGENCY	16,494,465	42,516,027	59,010,492	0.136236	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	455,796	4,159,080	4,614,876	0.973865	0.000000	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01	
	OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	3,716,984	3,716,984			101.00	
	SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	1,348,314	1,348,314			116.00	
200.00		Subtotal (see instructions)	344,837,014	710,414,623	1,055,251,637			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	344,837,014	710,414,623	1,055,251,637			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
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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
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.105067		50.00
50.01	05001	ORTHO MEDICAL	0.101474		50.01
51.00	05100	RECOVERY ROOM	0.152757		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.137506		52.00
53.00	05300	ANESTHESIOLOGY	0.213765		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.090772		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.184677		55.00
60.00	06000	LABORATORY	0.080381		60.00
65.00	06500	RESPIRATORY THERAPY	0.086990		65.00
66.00	06600	PHYSICAL THERAPY	0.306666		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.121519		67.00
68.00	06800	SPEECH PATHOLOGY	0.175618		68.00
69.00	06900	ELECTROCARDIOLOGY	0.115064		69.00
69.01	06901	CATH LAB	0.119506		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142186		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.626972		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.934672		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.309311		73.00
74.00	07400	RENAL DIALYSIS	0.457253		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.199509		75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.125606		90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0.555375		90.01
90.02	09002	DMG PHYSICIAN GROUP	0.402112		90.02
91.00	09100	EMERGENCY	0.138405		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.973865		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
2/27/2020 2:25 pm

			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	24,436,589		24,436,589	6,630
31.00	03100	INTENSIVE CARE UNIT	8,055,030		8,055,030	0
32.00	03200	CORONARY CARE UNIT	6,167,773		6,167,773	0
40.00	04000	SUBPROVIDER - IPF	4,786,661		4,786,661	0
43.00	04300	NURSERY	116,574		116,574	0
44.00	04400	SKILLED NURSING FACILITY	0		0	0
46.00	04600	OTHER LONG TERM CARE	0		0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,410,788		16,410,788	31,569
50.01	05001	ORTHO MEDICAL	261,663		261,663	0
51.00	05100	RECOVERY ROOM	1,325,595		1,325,595	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	590,264		590,264	0
53.00	05300	ANESTHESIOLOGY	1,967,764		1,967,764	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,420,453		21,420,453	0
55.00	05500	RADIOLOGY-THERAPEUTIC	4,709,112		4,709,112	13,985
60.00	06000	LABORATORY	11,094,113		11,094,113	0
65.00	06500	RESPIRATORY THERAPY	2,013,586	0	2,013,586	0
66.00	06600	PHYSICAL THERAPY	6,294,050	0	6,294,050	1,834
67.00	06700	OCCUPATIONAL THERAPY	771,693	0	771,693	0
68.00	06800	SPEECH PATHOLOGY	525,205	0	525,205	0
69.00	06900	ELECTROCARDIOLOGY	4,804,061		4,804,061	0
69.01	06901	CATH LAB	3,394,369		3,394,369	17,050
70.00	07000	ELECTROENCEPHALOGRAPHY	1,364,644		1,364,644	2,092
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,090,554		5,090,554	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,064,804		31,064,804	0
73.00	07300	DRUGS CHARGED TO PATIENTS	16,249,747		16,249,747	0
74.00	07400	RENAL DIALYSIS	616,703		616,703	0
75.00	07500	ASC (NON-DISTINCT PART)	5,537,149		5,537,149	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,447,069		1,447,069	9,470
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	3,656,798		3,656,798	0
90.02	09002	DMG PHYSICIAN GROUP	33,212,847		33,212,847	299,754
91.00	09100	EMERGENCY	8,039,333		8,039,333	128,038
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,494,267		4,494,267	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	4,577,138		4,577,138	
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	1,508,832		1,508,832	
200.00		Subtotal (see instructions)	236,005,228	0	236,005,228	510,422
201.00		Less Observation Beds	4,494,267		4,494,267	
202.00		Total (see instructions)	231,510,961	0	231,510,961	510,422

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
2/27/2020 2:25 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	23,215,471		23,215,471		30.00
31.00	03100	INTENSIVE CARE UNIT	9,498,841		9,498,841		31.00
32.00	03200	CORONARY CARE UNIT	7,948,959		7,948,959		32.00
40.00	04000	SUBPROVIDER - IPF	5,919,564		5,919,564		40.00
43.00	04300	NURSERY	1,710,721		1,710,721		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	57,260,042	99,233,551	156,493,593	0.104866	50.00
50.01	05001	ORTHO MEDICAL	901,647	1,676,977	2,578,624	0.101474	50.01
51.00	05100	RECOVERY ROOM	4,254,247	4,423,542	8,677,789	0.152757	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,962,717	329,939	4,292,656	0.137506	52.00
53.00	05300	ANESTHESIOLOGY	3,164,966	6,040,304	9,205,270	0.213765	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,854,530	182,127,090	235,981,620	0.090772	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	338,677	25,236,209	25,574,886	0.184130	55.00
60.00	06000	LABORATORY	51,092,383	86,927,505	138,019,888	0.080381	60.00
65.00	06500	RESPIRATORY THERAPY	20,974,658	2,172,642	23,147,300	0.086990	65.00
66.00	06600	PHYSICAL THERAPY	4,178,156	16,351,915	20,530,071	0.306577	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,408,110	3,942,305	6,350,415	0.121519	67.00
68.00	06800	SPEECH PATHOLOGY	1,186,122	1,804,488	2,990,610	0.175618	68.00
69.00	06900	ELECTROCARDIOLOGY	10,671,396	31,079,814	41,751,210	0.115064	69.00
69.01	06901	CATH LAB	10,321,706	18,224,317	28,546,023	0.118909	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,175,446	8,436,883	9,612,329	0.141968	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,201,492	4,917,774	8,119,266	0.626972	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,579,074	12,656,967	33,236,041	0.934672	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,452,406	28,082,960	52,535,366	0.309311	73.00
74.00	07400	RENAL DIALYSIS	1,203,966	144,748	1,348,714	0.457253	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,888,274	24,865,585	27,753,859	0.199509	75.00
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,523,182	10,072,911	11,596,093	0.124789	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	6,584,376	6,584,376	0.555375	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	83,341,416	83,341,416	0.398516	90.02
91.00	09100	EMERGENCY	16,494,465	42,516,027	59,010,492	0.136236	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	455,796	4,159,080	4,614,876	0.973865	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
	OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	3,716,984	3,716,984		101.00
	SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	1,348,314	1,348,314		116.00
200.00		Subtotal (see instructions)	344,837,014	710,414,623	1,055,251,637		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	344,837,014	710,414,623	1,055,251,637		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
2/27/2020 2:25 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
32.00	03200	CORONARY CARE UNIT				32.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	ORTHO MEDICAL	0.000000			50.01
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
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	CATH LAB	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
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0.000000			90.01
90.02	09002	DMG PHYSICIAN GROUP	0.000000			90.02
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
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part I
Date/Time Prepared:
2/27/2020 2:25 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	2,080,859	0	2,080,859	31,599	65.85	30.00
31.00	INTENSIVE CARE UNIT	507,167		507,167	5,629	90.10	31.00
32.00	CORONARY CARE UNIT	378,113		378,113	4,301	87.91	32.00
40.00	SUBPROVIDER - IPF	375,986	0	375,986	4,551	82.62	40.00
43.00	NURSERY	30,522		30,522	1,514	20.16	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	3,372,647		3,372,647	47,594		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	15,222	1,002,369				30.00
31.00	INTENSIVE CARE UNIT	2,108	189,931				31.00
32.00	CORONARY CARE UNIT	3,692	324,564				32.00
40.00	SUBPROVIDER - IPF	3,123	258,022				40.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (lines 30 through 199)	24,145	1,774,886				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part II
Date/Time Prepared:
2/27/2020 2:25 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	2,913,538	156,493,593	0.018618	28,825,756	536,678	50.00
50.01	05001	ORTHO MEDICAL	27,471	2,578,624	0.010653	47,464	506	50.01
51.00	05100	RECOVERY ROOM	64,168	8,677,789	0.007395	2,549,793	18,856	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	53,800	4,292,656	0.012533	37,066	465	52.00
53.00	05300	ANESTHESIOLOGY	276,596	9,205,270	0.030048	1,720,534	51,699	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,899,089	235,981,620	0.008048	32,847,883	264,360	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	282,583	25,574,886	0.011049	281,461	3,110	55.00
60.00	06000	LABORATORY	608,463	138,019,888	0.004409	28,266,781	124,628	60.00
65.00	06500	RESPIRATORY THERAPY	75,372	23,147,300	0.003256	14,124,744	45,990	65.00
66.00	06600	PHYSICAL THERAPY	306,925	20,530,071	0.014950	2,644,333	39,533	66.00
67.00	06700	OCCUPATIONAL THERAPY	28,796	6,350,415	0.004535	1,474,607	6,687	67.00
68.00	06800	SPEECH PATHOLOGY	21,773	2,990,610	0.007280	722,620	5,261	68.00
69.00	06900	ELECTROCARDIOLOGY	614,596	41,751,210	0.014720	7,036,356	103,575	69.00
69.01	06901	CATH LAB	590,070	28,546,023	0.020671	5,711,749	118,068	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	104,035	9,612,329	0.010823	704,354	7,623	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	134,396	8,119,266	0.016553	2,738,265	45,327	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	804,759	33,236,041	0.024213	10,966,777	265,539	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	332,625	52,535,366	0.006331	13,447,399	85,135	73.00
74.00	07400	RENAL DIALYSIS	24,009	1,348,714	0.017801	1,017,703	18,116	74.00
75.00	07500	ASC (NON-DISTINCT PART)	386,715	27,753,859	0.013934	72,625	1,012	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	43,226	11,596,093	0.003728	151,505	565	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	76,888	6,584,376	0.011677	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	862,009	83,341,416	0.010343	0	0	90.02
91.00	09100	EMERGENCY	770,556	59,010,492	0.013058	10,846,545	141,634	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	382,597	4,614,876	0.082905	403,404	33,444	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00		Total (lines 50 through 199)	11,685,055	1,001,892,783		166,639,724	1,917,811	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0135		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part III Date/Time Prepared: 2/27/2020 2:25 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	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00		
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)		Inpatient Program Days			
			4.00	5.00	6.00	7.00		8.00			
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	31,599	0.00		15,222	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	5,629	0.00		2,108	31.00		
32.00	03200	CORONARY CARE UNIT		0	4,301	0.00		3,692	32.00		
40.00	04000	SUBPROVIDER - IPF	0	0	4,551	0.00		3,123	40.00		
43.00	04300	NURSERY		0	1,514	0.00		0	43.00		
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00		0	44.00		
200.00		Total (lines 30 through 199)		0	47,594			24,145	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
32.00	03200	CORONARY CARE UNIT	0								32.00
40.00	04000	SUBPROVIDER - IPF	0								40.00
43.00	04300	NURSERY	0								43.00
44.00	04400	SKILLED NURSING FACILITY	0								44.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0135		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/27/2020 2:25 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
50.01	05001	ORTHO MEDICAL	0	0	0	0	0	50.01
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	194,659	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
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	CATH LAB	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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0	0	0	0	90.02
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
200.00		Total (lines 50 through 199)	0	0	0	0	194,659	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0135		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/27/2020 2:25 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)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	156,493,593	0.000000	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	2,578,624	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	8,677,789	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,292,656	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	194,659	194,659	9,205,270	0.021146	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	235,981,620	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	25,574,886	0.000000	55.00
60.00	06000	LABORATORY	0	0	0	138,019,888	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	23,147,300	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	20,530,071	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,350,415	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,990,610	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	41,751,210	0.000000	69.00
69.01	06901	CATH LAB	0	0	0	28,546,023	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	9,612,329	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,119,266	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	33,236,041	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	52,535,366	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,348,714	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	27,753,859	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	11,596,093	0.000000	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	6,584,376	0.000000	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0	0	83,341,416	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	59,010,492	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	4,614,876	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)	0	194,659	194,659	1,001,892,783		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part IV
Date/Time Prepared:
2/27/2020 2:25 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	28,825,756	0	33,070,501	0	50.00
50.01	05001	ORTHO MEDICAL	0.000000	47,464	0	743,415	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	2,549,793	0	1,030,141	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	37,066	0	11,669	0	52.00
53.00	05300	ANESTHESIOLOGY	0.021146	1,720,534	36,382	1,045,946	22,118	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	32,847,883	0	65,482,195	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	281,461	0	13,466,549	0	55.00
60.00	06000	LABORATORY	0.000000	28,266,781	0	15,084,060	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	14,124,744	0	360,158	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,644,333	0	64,952	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,474,607	0	50,793	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	722,620	0	15,258	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	7,036,356	0	14,969,903	0	69.00
69.01	06901	CATH LAB	0.000000	5,711,749	0	10,931,773	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	704,354	0	2,812,542	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,738,265	0	3,633,670	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	10,966,777	0	6,305,804	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	13,447,399	0	14,253,189	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,017,703	0	92,403	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	72,625	0	10,400,037	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	151,505	0	5,640,001	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0.000000	0	0	1,946,888	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0.000000	0	0	13,303,994	0	90.02
91.00	09100	EMERGENCY	0.000000	10,846,545	0	11,568,427	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	403,404	0	2,229,066	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		166,639,724	36,382	228,513,334	22,118	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0135		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part V Date/Time Prepared: 2/27/2020 2:25 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		0.104866	33,070,501	7,805	0	3,467,971	50.00
50.01	05001	ORTHO MEDICAL		0.101474	743,415	0	0	75,437	50.01
51.00	05100	RECOVERY ROOM		0.152757	1,030,141	0	0	157,361	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.137506	11,669	0	0	1,605	52.00
53.00	05300	ANESTHESIOLOGY		0.213765	1,045,946	0	0	223,587	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.090772	65,482,195	0	0	5,943,950	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.184130	13,466,549	0	0	2,479,596	55.00
60.00	06000	LABORATORY		0.080381	15,084,060	0	0	1,212,472	60.00
65.00	06500	RESPIRATORY THERAPY		0.086990	360,158	0	0	31,330	65.00
66.00	06600	PHYSICAL THERAPY		0.306577	64,952	0	0	19,913	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.121519	50,793	0	0	6,172	67.00
68.00	06800	SPEECH PATHOLOGY		0.175618	15,258	0	0	2,680	68.00
69.00	06900	ELECTROCARDIOLOGY		0.115064	14,969,903	0	0	1,722,497	69.00
69.01	06901	CATH LAB		0.118909	10,931,773	0	0	1,299,886	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.141968	2,812,542	0	0	399,291	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.626972	3,633,670	54	0	2,278,209	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.934672	6,305,804	0	0	5,893,858	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.309311	14,253,189	0	565,558	4,408,668	73.00
74.00	07400	RENAL DIALYSIS		0.457253	92,403	0	0	42,252	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.199509	10,400,037	0	0	2,074,901	75.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.124789	5,640,001	0	0	703,810	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP		0.555375	1,946,888	0	0	1,081,253	90.01
90.02	09002	DMG PHYSICIAN GROUP		0.398516	13,303,994	0	0	5,301,854	90.02
91.00	09100	EMERGENCY		0.136236	11,568,427	0	0	1,576,036	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.973865	2,229,066	0	0	2,170,809	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.000000	0	0	0	0	92.01
200.00		Subtotal (see instructions)			228,513,334	7,859	565,558	42,575,398	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			228,513,334	7,859	565,558	42,575,398	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0135		Period: From 10/01/2018 To 09/30/2019	Worksheet D Part V Date/Time Prepared: 2/27/2020 2:25 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	818	0		50.00
50.01	05001	ORTHO MEDICAL	0	0		50.01
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
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	CATH LAB	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	34	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	174,933		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0		90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0		90.02
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
200.00		Subtotal (see instructions)	852	174,933		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	852	174,933		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0135	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part II Date/Time Prepared: 2/27/2020 2:25 pm		
				Title XVIII		Subprovider - IPF	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	2,913,538	156,493,593	0.018618	3,143	59	50.00
50.01	05001	ORTHO MEDICAL	27,471	2,578,624	0.010653	57	1	50.01
51.00	05100	RECOVERY ROOM	64,168	8,677,789	0.007395	64	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	53,800	4,292,656	0.012533	0	0	52.00
53.00	05300	ANESTHESIOLOGY	276,596	9,205,270	0.030048	700	21	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,899,089	235,981,620	0.008048	376,216	3,028	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	282,583	25,574,886	0.011049	1	0	55.00
60.00	06000	LABORATORY	608,463	138,019,888	0.004409	647,877	2,856	60.00
65.00	06500	RESPIRATORY THERAPY	75,372	23,147,300	0.003256	126,251	411	65.00
66.00	06600	PHYSICAL THERAPY	306,925	20,530,071	0.014950	77,483	1,158	66.00
67.00	06700	OCCUPATIONAL THERAPY	28,796	6,350,415	0.004535	20,641	94	67.00
68.00	06800	SPEECH PATHOLOGY	21,773	2,990,610	0.007280	110,150	802	68.00
69.00	06900	ELECTROCARDIOLOGY	614,596	41,751,210	0.014720	33,355	491	69.00
69.01	06901	CATH LAB	590,070	28,546,023	0.020671	3,784	78	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	104,035	9,612,329	0.010823	18,094	196	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	134,396	8,119,266	0.016553	1,424	24	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	804,759	33,236,041	0.024213	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	332,625	52,535,366	0.006331	379,595	2,403	73.00
74.00	07400	RENAL DIALYSIS	24,009	1,348,714	0.017801	8	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	386,715	27,753,859	0.013934	325	5	75.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	43,226	11,596,093	0.003728	1,735	6	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	76,888	6,584,376	0.011677	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	862,009	83,341,416	0.010343	0	0	90.02
91.00	09100	EMERGENCY	770,556	59,010,492	0.013058	68,926	900	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	4,614,876	0.000000	8,344	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00		Total (lines 50 through 199)	11,302,458	1,001,892,783		1,878,173	12,533	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0135 Component CCN: 14-S135		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/27/2020 2:25 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
50.01	05001	ORTHO MEDICAL	0	0	0	0	0	50.01
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	194,659	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
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	CATH LAB	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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0	0	0	0	90.02
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
200.00		Total (lines 50 through 199)	0	0	0	0	194,659	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0135 Component CCN: 14-S135		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/27/2020 2:25 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)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	156,493,593	0.000000	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	2,578,624	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	8,677,789	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,292,656	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	194,659	194,659	9,205,270	0.021146	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	235,981,620	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	25,574,886	0.000000	55.00
60.00	06000	LABORATORY	0	0	0	138,019,888	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	23,147,300	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	20,530,071	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,350,415	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,990,610	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	41,751,210	0.000000	69.00
69.01	06901	CATH LAB	0	0	0	28,546,023	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	9,612,329	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,119,266	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	33,236,041	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	52,535,366	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,348,714	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	27,753,859	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	11,596,093	0.000000	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	6,584,376	0.000000	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0	0	83,341,416	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	59,010,492	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	4,614,876	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)	0	194,659	194,659	1,001,892,783		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0135 Component CCN: 14-S135		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/27/2020 2:25 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	3,143	0	0	0	50.00
50.01	05001	ORTHO MEDICAL		0.000000	57	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0.000000	64	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.021146	700	15	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	376,216	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	1	0	0	0	55.00
60.00	06000	LABORATORY		0.000000	647,877	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY		0.000000	126,251	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	77,483	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	20,641	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	110,150	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	33,355	0	0	0	69.00
69.01	06901	CATH LAB		0.000000	3,784	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	18,094	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	1,424	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	379,595	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	8	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	325	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	1,735	0	0	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP		0.000000	0	0	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP		0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY		0.000000	68,926	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	8,344	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)			1,878,173	15	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0135	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/27/2020 2:25 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)			31,599	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			31,599	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)			25,789	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)			15,222	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)			24,443,219	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)			24,443,219	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)			24,443,219	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)			773.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			11,774,826	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			11,774,826	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019

Worksheet D-1

Date/Time Prepared:
2/27/2020 2:25 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	8,055,030	5,629	1,430.99	2,108	3,016,527
44.00	CORONARY CARE UNIT	6,167,773	4,301	1,434.03	3,692	5,294,439
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					31,559,227
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					51,645,019
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,516,864
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,954,193
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,471,057
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					48,173,962
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					5,810
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					773.54
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,494,267

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019

Worksheet D-1

Date/Time Prepared:
2/27/2020 2:25 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	2,080,859	24,443,219	0.085130	4,494,267	382,597	90.00
91.00 Nursing School cost	0	24,443,219	0.000000	4,494,267	0	91.00
92.00 Allied health cost	0	24,443,219	0.000000	4,494,267	0	92.00
93.00 All other Medical Education	0	24,443,219	0.000000	4,494,267	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0135 Component CCN: 14-S135	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/27/2020 2:25 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)		4,551	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,551	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)		4,551	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)		3,123	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)		4,786,661	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)		4,786,661	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)		4,786,661	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)		1,051.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,284,709	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)		3,284,709	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0135	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1	
				Component CCN: 14-S135		Date/Time Prepared: 2/27/2020 2:25 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		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						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)					286,441	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,571,150	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)					258,022	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					12,548	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					270,570	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,300,580	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0135 Component CCN: 14-S135		Period: From 10/01/2018 To 09/30/2019		Worksheet D-1 Date/Time Prepared: 2/27/2020 2:25 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	375,986	4,786,661	0.078549	0	0	90.00
91.00	Nursing School cost	0	4,786,661	0.000000	0	0	91.00
92.00	Allied health cost	0	4,786,661	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,786,661	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0135	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 2/27/2020 2:25 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		9,674,506	30.00
31.00	03100	INTENSIVE CARE UNIT		5,037,315	31.00
32.00	03200	CORONARY CARE UNIT		3,997,735	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.105067	28,825,756	50.00
50.01	05001	ORTHO MEDICAL	0.101474	47,464	50.01
51.00	05100	RECOVERY ROOM	0.152757	2,549,793	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.137506	37,066	52.00
53.00	05300	ANESTHESIOLOGY	0.213765	1,720,534	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.090772	32,847,883	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.184677	281,461	55.00
60.00	06000	LABORATORY	0.080381	28,266,781	60.00
65.00	06500	RESPIRATORY THERAPY	0.086990	14,124,744	65.00
66.00	06600	PHYSICAL THERAPY	0.306666	2,644,333	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.121519	1,474,607	67.00
68.00	06800	SPEECH PATHOLOGY	0.175618	722,620	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115064	7,036,356	69.00
69.01	06901	CATH LAB	0.119506	5,711,749	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142186	704,354	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.626972	2,738,265	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.934672	10,966,777	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.309311	13,447,399	73.00
74.00	07400	RENAL DIALYSIS	0.457253	1,017,703	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.199509	72,625	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.125606	151,505	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0.555375	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0.402112	0	90.02
91.00	09100	EMERGENCY	0.138405	10,846,545	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.973865	403,404	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		166,639,724	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)		166,639,724	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0135 Component CCN: 14-S135	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 2/27/2020 2:25 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
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		4,060,837		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.105067	3,143	330	50.00
50.01	05001 ORTHO MEDICAL	0.101474	57	6	50.01
51.00	05100 RECOVERY ROOM	0.152757	64	10	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.137506	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.213765	700	150	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.090772	376,216	34,150	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.184677	1	0	55.00
60.00	06000 LABORATORY	0.080381	647,877	52,077	60.00
65.00	06500 RESPIRATORY THERAPY	0.086990	126,251	10,983	65.00
66.00	06600 PHYSICAL THERAPY	0.306666	77,483	23,761	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.121519	20,641	2,508	67.00
68.00	06800 SPEECH PATHOLOGY	0.175618	110,150	19,344	68.00
69.00	06900 ELECTROCARDIOLOGY	0.115064	33,355	3,838	69.00
69.01	06901 CATH LAB	0.119506	3,784	452	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.142186	18,094	2,573	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.626972	1,424	893	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.934672	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.309311	379,595	117,413	73.00
74.00	07400 RENAL DIALYSIS	0.457253	8	4	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.199509	325	65	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.125606	1,735	218	90.00
90.01	09001 DMG EXPRESS CARE PHYSICIAN GROUP	0.555375	0	0	90.01
90.02	09002 DMG PHYSICIAN GROUP	0.402112	0	0	90.02
91.00	09100 EMERGENCY	0.138405	68,926	9,540	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.973865	8,344	8,126	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,878,173	286,441	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		1,878,173		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0135	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/27/2020 2:25 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)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		42,287,811	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)		0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		492,499	2.04
3.00	Managed Care Simulated Payments		5,059,019	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		186.08	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)		5.81	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		5.81	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		15.28	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)		5.81	12.00
13.00	Total allowable FTE count for the prior year.		5.81	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.		5.81	14.00
15.00	Sum of lines 12 through 14 divided by 3.		5.81	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		5.81	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.031223	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.030888	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.030888	21.00
22.00	IME payment adjustment (see instructions)		707,729	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		84,668	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).		7.20	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		9.47	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)		7.20	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.038693	26.00
27.00	IME payments adjustment factor. (see instructions)		0.010226	27.00
28.00	IME add-on adjustment amount (see instructions)		432,435	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		51,734	28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,140,164	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		136,402	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.79	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.73	31.00
32.00	Sum of lines 30 and 31		23.52	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.79	33.00
34.00	Disproportionate share adjustment (see instructions)		929,275	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0135	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/27/2020 2:25 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)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000242180		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	2,003,528	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	2,003,528	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,003,528		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)	46,853,277			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)			46,989,679	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			3,750,884	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).			468,273	52.00
53.00	Nursing and Allied Health Managed Care payment			9,193	53.00
54.00	Special add-on payments for new technologies			5,760	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)			36,382	58.00
59.00	Total (sum of amounts on lines 49 through 58)			51,260,171	59.00
60.00	Primary payer payments			72,721	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			51,187,450	61.00
62.00	Deductibles billed to program beneficiaries			4,468,852	62.00
63.00	Coinsurance billed to program beneficiaries			105,763	63.00
64.00	Allowable bad debts (see instructions)			1,325,525	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			861,591	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,023,239	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			47,474,426	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-4,227	70.93
70.94	HRR adjustment amount (see instructions)			-4,808	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0135	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/27/2020 2:25 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)		47,465,391	71.00	
71.01	Sequestration adjustment (see instructions)		949,308	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		46,673,544	72.00	
73.00	Tentative settlement (for contractor use only)		0	73.00	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-157,461	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00	
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0135	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part B Date/Time Prepared: 2/27/2020 2:25 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		175,785	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		42,553,280	2.00
3.00	OPPS payments		40,522,359	3.00
4.00	Outlier payment (see instructions)		68,487	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		22,118	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		175,785	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		573,417	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)		573,417	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)		573,417	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		397,632	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)		175,785	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		40,612,964	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		1,572	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		8,085,726	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)		32,701,451	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		362,842	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)		33,064,293	30.00
31.00	Primary payer payments		23,200	31.00
32.00	Subtotal (line 30 minus line 31)		33,041,093	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,553,068	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,009,494	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,064,849	36.00
37.00	Subtotal (see instructions)		34,050,587	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)		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)		34,050,587	40.00
40.01	Sequestration adjustment (see instructions)		681,012	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		33,409,253	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-39,678	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet E-1
Part I
Date/Time Prepared:
2/27/2020 2:25 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		46,525,529		33,217,515	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	02/06/2019	148,015	02/06/2019	191,738	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)		148,015		191,738	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)		46,673,544		33,409,253	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		157,461		39,678	6.02
7.00	Total Medicare program liability (see instructions)		46,516,083		33,369,575	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: 14-0135

Period:

Worksheet E-1

Component CCN: 14-S135

From 10/01/2018
To 09/30/2019Part I
Date/Time Prepared:
2/27/2020 2:25 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		2,476,861		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,476,861		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		21,044		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,497,905		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0135	Period: From 10/01/2018 To 09/30/2019	Worksheet E-1 Part II Date/Time Prepared: 2/27/2020 2:25 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: 14-0135 Component CCN: 14-S135	Period: From 10/01/2018 To 09/30/2019	Worksheet E-3 Part II Date/Time Prepared: 2/27/2020 2:25 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)	2,686,841 1.00		
2.00	Net IPF PPS Outlier Payments	26,214 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 instructions)	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 instructions)	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)	12.468493 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)	2,713,055 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)	2,713,055 16.00		
17.00	Primary payer payments	0 17.00		
18.00	Subtotal (line 16 less line 17).	2,713,055 18.00		
19.00	Deductibles	151,928 19.00		
20.00	Subtotal (line 18 minus line 19)	2,561,127 20.00		
21.00	Coinsurance	33,717 21.00		
22.00	Subtotal (line 20 minus line 21)	2,527,410 22.00		
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	33,012 23.00		
24.00	Adjusted reimbursable bad debts (see instructions)	21,458 24.00		
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	16,494 25.00		
26.00	Subtotal (sum of lines 22 and 24)	2,548,868 26.00		
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0 27.00		
28.00	Other pass through costs (see instructions)	15 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)	2,548,883 31.00		
31.01	Sequestration adjustment (see instructions)	50,978 31.01		
31.02	Demonstration payment adjustment amount after sequestration	0 31.02		
32.00	Interim payments	2,476,861 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)	21,044 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	26,214 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: 14-0135	Period: From 10/01/2018 To 09/30/2019	Worksheet E-4 Date/Time Prepared: 2/27/2020 2:25 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.			7.19	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			7.19	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			15.28	6.00
7.00	Enter the lesser of line 5 or line 6			7.19	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.	15.28	0.00	15.28	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.	7.19	0.00	7.19	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	7.19	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	7.19	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	7.19	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	7.19	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	7.19	0.00		17.00
18.00	Per resident amount	87,489.94	0.00		18.00
19.00	Approved amount for resident costs	629,053	0	629,053	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)			5.82	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			8.09	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.82	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			102,910.00	23.00
24.00	Multiply line 22 time line 23			598,936	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,227,989	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	24,145	3,737		26.00
27.00	Total Inpatient Days (see instructions)	40,416	40,416		27.00
28.00	Ratio of inpatient days to total inpatient days	0.597412	0.092463		28.00
29.00	Program direct GME amount	733,615	113,544		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		16,044		30.00
31.00	Net Program direct GME amount			831,115	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0135	Period: From 10/01/2018 To 09/30/2019	Worksheet E-4 Date/Time Prepared: 2/27/2020 2:25 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)			1,348,714	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)			55,216,169	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)			72,721	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			55,143,448	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			42,751,183	42.00
43.00	Primary payer payments (see instructions)			23,200	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			42,727,983	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			97,871,431	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.563427	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.436573	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			831,115	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			468,273	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			362,842	50.00

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

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019

Worksheet G

Date/Time Prepared:
2/27/2020 2:25 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	6,390,716	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	37,118,270	0	0	0	4.00
5.00	Other receivable	802,461	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,189,269	0	0	0	7.00
8.00	Prepaid expenses	2,967,836	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	74,285	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	50,542,837	0	0	0	11.00
FIXED ASSETS						
12.00	Land	24,730,587	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	24,730,587	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	57,896,207	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	16,650,000	0	0	0	33.00
34.00	Other assets	26,402,705	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	100,948,912	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	176,222,336	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	6,554,898	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,307,962	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	47,436,301	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	60,299,161	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	42,626,337	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	42,626,337	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	102,925,498	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	73,296,838				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)	73,296,838	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	176,222,336	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019

Worksheet G-1

Date/Time Prepared:
2/27/2020 2:25 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		0		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-150,013,212				2.00
3.00	Total (sum of line 1 and line 2)		-150,013,212		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)		-150,013,212		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-150,013,212		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
2/27/2020 2:25 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	28,786,383		28,786,383	1.00
2.00	SUBPROVIDER - IPF	5,919,564		5,919,564	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	34,705,947		34,705,947	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,709,085		9,709,085	11.00
12.00	CORONARY CARE UNIT	8,924,236		8,924,236	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	18,633,321		18,633,321	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	53,339,268		53,339,268	17.00
18.00	Ancillary services	278,284,297	565,828,087	844,112,384	18.00
19.00	Outpatient services	18,144,233	191,430,959	209,575,192	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		3,716,984	3,716,984	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	1,348,314	1,348,314	26.00
27.00	NON-REIMBURSABLE REVENUE	10,564,912	36,179,912	46,744,824	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	360,332,710	798,504,256	1,158,836,966	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		461,183,767		29.00
30.00	BAD DEBT WRITEOFF	4,363,397			30.00
31.00	NET ASSETS RELEASED FROM RESTRICTION	113,605			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)		4,477,002		36.00
37.00	NORV CAPITAL GAIN/LOSS	18,897			37.00
38.00	RESTRICTED DISTRIBUTIONS	4,100			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)		22,997		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		465,637,772		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0135

Period:
From 10/01/2018
To 09/30/2019

Worksheet G-3

Date/Time Prepared:
2/27/2020 2:25 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,158,836,966	1.00
2.00	Less contractual allowances and discounts on patients' accounts	864,788,668	2.00
3.00	Net patient revenues (line 1 minus line 2)	294,048,298	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	465,637,772	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-171,589,474	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	OTHER INCOME	21,462,657	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTION	113,605	24.01
25.00	Total other income (sum of lines 6-24)	21,576,262	25.00
26.00	Total (line 5 plus line 25)	-150,013,212	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)	-150,013,212	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0135
HHA CCN: 14-7206
Period: From 10/01/2018 To 09/30/2019
Worksheet H
Date/Time Prepared: 2/27/2020 2:25 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		165	165	1.00
2.00	Capital Related - Movable Equipment			0		992	992	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	53,185	53,185	3.00
4.00	Transportation	0	0	122,067	0	0	122,067	4.00
5.00	Administrative and General	439,987	192,489	0	253,510	58,045	944,031	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,288,831	0	0	0	0	1,288,831	6.00
7.00	Physical Therapy	549,584	0	0	0	0	549,584	7.00
8.00	Occupational Therapy	98,017	0	0	0	0	98,017	8.00
9.00	Speech Pathology	4,024	0	0	0	0	4,024	9.00
10.00	Medical Social Services	154,450	0	0	0	0	154,450	10.00
11.00	Home Health Aide	33,853	0	0	0	0	33,853	11.00
12.00	Supplies (see instructions)	0	0	0	0	55,237	55,237	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)	2,568,746	192,489	122,067	253,510	167,624	3,304,436	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	-165	0	0	0			1.00
2.00	Capital Related - Movable Equipment	-992	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	53,185	0	53,185			3.00
4.00	Transportation	0	122,067	0	122,067			4.00
5.00	Administrative and General	0	944,031	-748	943,283			5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	1,288,831	0	1,288,831			6.00
7.00	Physical Therapy	0	549,584	0	549,584			7.00
8.00	Occupational Therapy	0	98,017	0	98,017			8.00
9.00	Speech Pathology	0	4,024	0	4,024			9.00
10.00	Medical Social Services	0	154,450	0	154,450			10.00
11.00	Home Health Aide	0	33,853	0	33,853			11.00
12.00	Supplies (see instructions)	-55,237	0	0	0			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	-56,394	3,248,042	-748	3,247,294			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: 14-0135

Period:

Worksheet H-1

HHA CCN: 14-7206

From 10/01/2018
To 09/30/2019Part I
Date/Time Prepared:
2/27/2020 2:25 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	53,185	0	0	53,185		0	3.00
4.00	Transportation	122,067	0	0	53,185	175,252		4.00
5.00	Administrative and General	943,283	0	0	0	175,252	1,118,535	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,288,831	0	0	0	0	1,288,831	6.00
7.00	Physical Therapy	549,584	0	0	0	0	549,584	7.00
8.00	Occupational Therapy	98,017	0	0	0	0	98,017	8.00
9.00	Speech Pathology	4,024	0	0	0	0	4,024	9.00
10.00	Medical Social Services	154,450	0	0	0	0	154,450	10.00
11.00	Home Health Aide	33,853	0	0	0	0	33,853	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,247,294	0	0	53,185	175,252	3,247,294	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	1,118,535						5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	677,204	1,966,035					6.00
7.00	Physical Therapy	288,773	838,357					7.00
8.00	Occupational Therapy	51,502	149,519					8.00
9.00	Speech Pathology	2,114	6,138					9.00
10.00	Medical Social Services	81,154	235,604					10.00
11.00	Home Health Aide	17,788	51,641					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		3,247,294					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0135

Period:

Worksheet H-1

HHA CCN: 14-7206

From 10/01/2018
To 09/30/2019Part II
Date/Time Prepared:
2/27/2020 2:25 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	53,185	0		3.00
4.00	Transportation (see instructions)	0	0	53,185	122,067		4.00
5.00	Administrative and General	0	0	0	122,067	-1,118,535	2,128,759
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	1,288,831	6.00
7.00	Physical Therapy	0	0	0	0	549,584	7.00
8.00	Occupational Therapy	0	0	0	0	98,017	8.00
9.00	Speech Pathology	0	0	0	0	4,024	9.00
10.00	Medical Social Services	0	0	0	0	154,450	10.00
11.00	Home Health Aide	0	0	0	0	33,853	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	53,185	122,067	-1,118,535	2,128,759
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	53,185	175,252		1,118,535
26.00	Unit Cost Multiplier	0.000000	0.000000	1.000000	1.435703		0.525440

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0135

Period:

Worksheet H-2

HHA CCN: 14-7206

From 10/01/2018
To 09/30/2019Part I
Date/Time Prepared:
2/27/2020 2:25 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	55,001	959	296,844	352,804	67,262	1.00
2.00	Skilled Nursing Care	1,966,035	0	0	0	1,966,035	374,827	2.00
3.00	Physical Therapy	838,357	0	0	0	838,357	159,834	3.00
4.00	Occupational Therapy	149,519	0	0	0	149,519	28,506	4.00
5.00	Speech Pathology	6,138	0	0	0	6,138	1,170	5.00
6.00	Medical Social Services	235,604	0	0	0	235,604	44,918	6.00
7.00	Home Health Aide	51,641	0	0	0	51,641	9,845	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)	3,247,294	55,001	959	296,844	3,600,098	686,362	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	125,633	0	66,331	0	79,712	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)	125,633	0	66,331	0	79,712	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0135

Period:

Worksheet H-2

HHA CCN: 14-7206

From 10/01/2018

Part I

To 09/30/2019

Date/Time Prepared:

2/27/2020 2:25 pm

Home Health
Agency I

PPS

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
		14.00	15.00	16.00	19.00	21.00	22.00	
1.00	Administrative and General	993	0	18,009	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	993	0	18,009	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.00	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	710,744	0	710,744			1.00
2.00	Skilled Nursing Care	0	2,340,862	0	2,340,862	430,312	2,771,174	2.00
3.00	Physical Therapy	0	998,191	0	998,191	183,493	1,181,684	3.00
4.00	Occupational Therapy	0	178,025	0	178,025	32,726	210,751	4.00
5.00	Speech Pathology	0	7,308	0	7,308	1,343	8,651	5.00
6.00	Medical Social Services	0	280,522	0	280,522	51,567	332,089	6.00
7.00	Home Health Aide	0	61,486	0	61,486	11,303	72,789	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	4,577,138	0	4,577,138	710,744	4,577,138	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.					0.183826		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: 14-0135
 HHA CCN: 14-7206

 Period:
 From 10/01/2018
 To 09/30/2019

 Worksheet H-2
 Part II
 Date/Time Prepared:
 2/27/2020 2:25 pm

						Home Health Agency I	PPS	
Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5A	5.00	7.00	
1.00	Administrative and General	4,094	992	2,568,746	0	352,804	4,094	1.00
2.00	Skilled Nursing Care	0	0	0	0	1,966,035	0	2.00
3.00	Physical Therapy	0	0	0	0	838,357	0	3.00
4.00	Occupational Therapy	0	0	0	0	149,519	0	4.00
5.00	Speech Pathology	0	0	0	0	6,138	0	5.00
6.00	Medical Social Services	0	0	0	0	235,604	0	6.00
7.00	Home Health Aide	0	0	0	0	51,641	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	4,094	992	2,568,746		3,600,098	4,094	20.00
21.00	Total cost to be allocated	55,001	959	296,844		686,362	125,633	21.00
22.00	Unit cost multiplier	13.434538	0.966734	0.115560		0.190651	30.687103	22.00
Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	4,094	0	3,624	0	9,704	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	4,094	0	3,624	0	9,704	20.00
21.00	Total cost to be allocated	0	66,331	0	79,712	0	993	21.00
22.00	Unit cost multiplier	0.000000	16.202003	0.000000	21.995585	0.000000	0.102329	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0135
HHA CCN: 14-7206Period:
From 10/01/2018
To 09/30/2019Worksheet H-2
Part II
Date/Time Prepared:
2/27/2020 2:25 pm

				Home Health Agency I		PPS	
Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)
					SERVICES-SALAR Y & FRINGES APPRV (TIME SPENT)	SERVICES-OTHER PRGM COSTS APPRV (TIME SPENT)	
		15.00	16.00	19.00	21.00	22.00	23.00
1.00	Administrative and General	0	3,716,984	0	0	0	0
2.00	Skilled Nursing Care	0	0	0	0	0	0
3.00	Physical Therapy	0	0	0	0	0	0
4.00	Occupational Therapy	0	0	0	0	0	0
5.00	Speech Pathology	0	0	0	0	0	0
6.00	Medical Social Services	0	0	0	0	0	0
7.00	Home Health Aide	0	0	0	0	0	0
8.00	Supplies (see instructions)	0	0	0	0	0	0
9.00	Drugs	0	0	0	0	0	0
10.00	DME	0	0	0	0	0	0
11.00	Home Dialysis Aide Services	0	0	0	0	0	0
12.00	Respiratory Therapy	0	0	0	0	0	0
13.00	Private Duty Nursing	0	0	0	0	0	0
14.00	Clinic	0	0	0	0	0	0
15.00	Health Promotion Activities	0	0	0	0	0	0
16.00	Day Care Program	0	0	0	0	0	0
17.00	Home Delivered Meals Program	0	0	0	0	0	0
18.00	Homemaker Service	0	0	0	0	0	0
19.00	All Others (specify)	0	0	0	0	0	0
19.50	Telemedicine	0	0	0	0	0	0
20.00	Total (sum of lines 1-19)	0	3,716,984	0	0	0	0
21.00	Total cost to be allocated	0	18,009	0	0	0	0
22.00	Unit cost multiplier	0.000000	0.004845	0.000000	0.000000	0.000000	0.000000

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0135

Period:

Worksheet H-3

HHA CCN: 14-7206

From 10/01/2018

Part I

To 09/30/2019

Date/Time Prepared:

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	2,771,174		2,771,174	8,195	338.15	1.00
2.00	Physical Therapy	3.00	1,181,684	0	1,181,684	7,790	151.69	2.00
3.00	Occupational Therapy	4.00	210,751	0	210,751	1,650	127.73	3.00
4.00	Speech Pathology	5.00	8,651	0	8,651	288	30.04	4.00
5.00	Medical Social Services	6.00	332,089		332,089	669	496.40	5.00
6.00	Home Health Aide	7.00	72,789		72,789	841	86.55	6.00
7.00	Total (sum of lines 1-6)		4,577,138	0	4,577,138	19,433		7.00

Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits			
					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		19500	0	7,071			8.00
9.00	Physical Therapy		19500	0	5,179			9.00
10.00	Occupational Therapy		19500	0	456			10.00
11.00	Speech Pathology		19500	0	76			11.00
12.00	Medical Social Services		19500	0	32			12.00
13.00	Home Health Aide		19500	0	767			13.00
14.00	Total (sum of lines 8-13)			0	13,581			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	0	0	0	0	0.000000	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		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	7,071		0	2,391,059		1.00
2.00	Physical Therapy	0	5,179		0	785,603		2.00
3.00	Occupational Therapy	0	456		0	58,245		3.00
4.00	Speech Pathology	0	76		0	2,283		4.00
5.00	Medical Social Services	0	32		0	15,885		5.00
6.00	Home Health Aide	0	767		0	66,384		6.00
7.00	Total (sum of lines 1-6)	0	13,581		0	3,319,459		7.00

Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00	
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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: 14-0135

Period:

Worksheet H-3

HHA CCN: 14-7206

From 10/01/2018
To 09/30/2019Part I
Date/Time Prepared:
2/27/2020 2:25 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	156,810	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)						
		12.00						
		PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2,391,059						1.00
2.00	Physical Therapy	785,603						2.00
3.00	Occupational Therapy	58,245						3.00
4.00	Speech Pathology	2,283						4.00
5.00	Medical Social Services	15,885						5.00
6.00	Home Health Aide	66,384						6.00
7.00	Total (sum of lines 1-6)	3,319,459						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: 14-0135

Period:

Worksheet H-3

HHA CCN: 14-7206

From 10/01/2018
To 09/30/2019Part II
Date/Time Prepared:
2/27/2020 2:25 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	0.306577	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.121519	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.175618	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.626972	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.309311	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0135 HHA CCN: 14-7206	Period: From 10/01/2018 To 09/30/2019	Worksheet H-4 Part I-II Date/Time Prepared: 2/27/2020 2:25 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
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,133,402
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	145,538
13.00	Total PPS Reimbursement - LUPA Episodes		0	58,228
14.00	Total PPS Reimbursement - PEP Episodes		0	27,604
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	71,200
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,435,972
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	2,435,972
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	2,435,972
27.00	Reimbursable bad debts (from your records)			0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	2,435,972
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	2,435,972
31.01	Sequestration adjustment (see instructions)		0	48,719
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	2,387,253
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIESProvider CCN: 14-0135
HHA CCN: 14-7206Period:
From 10/01/2018
To 09/30/2019Worksheet H-5
Date/Time Prepared:
2/27/2020 2:25 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		2,387,253
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		2,387,253
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		2,387,253
				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: 14-0135

Period:

Worksheet 0

Hospice CCN: 14-1517

From 10/01/2018
To 09/30/2019Date/Time Prepared:
2/27/2020 2:25 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	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	50,253	50,253	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	374,154	0	374,154	0	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	3,099	3,099	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	30	30	-30	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	38,752	38,752	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	13.00
14.00	PHARMACY*	0	30,431	30,431	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	357,153	357,153	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	302,439	0	302,439	0	28.00
29.00	LPN/LVN**	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	676,593	479,718	1,156,311	-30	1,156,281

* 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: 14-0135

Period:

Worksheet 0

Hospice CCN: 14-1517

From 10/01/2018
To 09/30/2019Date/Time Prepared:
2/27/2020 2:25 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	50,253	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	374,154	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	3,099	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	38,752	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	30,431	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	357,153	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	302,439	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	0	1,156,281	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 CONTINUOUS HOME CARE

Provider CCN: 14-0135

Period:

Worksheet 0-1

Hospice CCN: 14-1517

From 10/01/2018
To 09/30/2019Date/Time Prepared:
2/27/2020 2:25 pm

				Hospice I		2/27/2020 2:20 pm	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						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	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	0	0	0	0	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

		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	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	0	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

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

Provider CCN: 14-0135

Period:

Worksheet 0-2

Hospice CCN: 14-1517

From 10/01/2018
To 09/30/2019Date/Time Prepared:
2/27/2020 2:25 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	290,710	0	290,710	0	290,710	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	290,710	0	290,710	0	290,710	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	290,710	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	290,710	100.00

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

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

Provider CCN: 14-0135

Period:

Worksheet 0-4

Hospice CCN: 14-1517

From 10/01/2018
To 09/30/2019Date/Time Prepared:
2/27/2020 2:25 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	11,729	0	11,729	0	11,729	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	11,729	0	11,729	0	11,729	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	11,729	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	11,729	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: 14-0135

Period:

Worksheet 0-5

Hospice CCN: 14-1517

From 10/01/2018
To 09/30/2019Date/Time Prepared:
2/27/2020 2:25 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	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	50,253	78,187	128,440	3.00
4.00	ADMINISTRATIVE & GENERAL	374,154	256,425	630,579	4.00
5.00	PLANT OPERATION & MAINTENANCE	3,099	0	3,099	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	2,727	2,727	10.00
11.00	MEDICAL RECORDS	0	6,533	6,533	11.00
12.00	STAFF TRANSPORTATION	38,752	0	38,752	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	30,431	8,679	39,110	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	357,153	0	357,153	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	290,710	0	290,710	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	11,729	0	11,729	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	1,156,281	352,551	1,508,832	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:

Worksheet 0-6

Hospice CCN: 14-1517

From 10/01/2018
To 09/30/2019Part I
Date/Time Prepared:
2/27/2020 2:25 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	0		0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0			0			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	128,440		0	0	128,440		3.00
4.00	ADMINISTRATIVE & GENERAL	630,579		0	0	128,440	759,019	4.00
5.00	PLANT OPERATION & MAINTENANCE	3,099		0	0	0	3,099	5.00
6.00	LAUNDRY & LINEN SERVICE	0		0	0	0	0	6.00
7.00	HOUSEKEEPING	0		0	0	0	0	7.00
8.00	DIETARY	0		0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0		0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	2,727		0	0	0	2,727	10.00
11.00	MEDICAL RECORDS	6,533		0	0	0	6,533	11.00
12.00	STAFF TRANSPORTATION	38,752		0	0	0	38,752	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0	0	0	0	13.00
14.00	PHARMACY	39,110		0	0	0	39,110	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	357,153		0	0	0	357,153	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0	0		0	17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0				0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	290,710				0	290,710	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0		0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	11,729		0	0	0	11,729	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0		0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0		0	0	0	0	61.00
62.00	FUNDRAISING	0		0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0		0	0	0	0	66.00
67.00	ADVERTISING	0		0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	0	0	0	68.00
69.00	THRIFT STORE	0		0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0		0	0	0	0	99.00
100.00	TOTAL	1,508,832		0	0	128,440	1,508,832	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:

Worksheet 0-6

Hospice CCN: 14-1517

From 10/01/2018
To 09/30/2019Part I
Date/Time Prepared:
2/27/2020 2:25 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	759,019						4.00
5.00	PLANT OPERATION & MAINTENANCE	3,137	6,236					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	0	0			0		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	2,760	0			0		10.00
11.00	MEDICAL RECORDS	6,613	0			0		11.00
12.00	STAFF TRANSPORTATION	39,228	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0			0		13.00
14.00	PHARMACY	39,590	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	361,539	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	294,279						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0		0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	11,873	6,236		0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	759,019	6,236		0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:

Worksheet 0-6

Hospice CCN: 14-1517

From 10/01/2018
To 09/30/2019Part I
Date/Time Prepared:
2/27/2020 2:25 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	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	5,487			10.00
11.00	MEDICAL RECORDS	0		13,146		11.00
12.00	STAFF TRANSPORTATION	0			77,980	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	13.00
14.00	PHARMACY	0			0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	15.00
16.00	OTHER GENERAL SERVICE	0			0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	5,274	12,637	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	213	509	77,980	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	60.00
61.00	VOLUNTEER PROGRAM	0			0	61.00
62.00	FUNDRAISING	0			0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	65.00
66.00	RESIDENTIAL CARE	0			0	66.00
67.00	ADVERTISING	0			0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	68.00
69.00	THRIFT STORE	0			0	69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	0	5,487	13,146	77,980	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:

Worksheet 0-6

Hospice CCN: 14-1517

From 10/01/2018
To 09/30/2019Part I
Date/Time Prepared:
2/27/2020 2:25 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	78,700					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		718,692			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0		602,900	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	78,700	0	718,692	0	905,932	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	78,700	0	718,692	0	1,508,832	100.00

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

Provider CCN: 14-0135

Period:

Worksheet 0-6

Hospice CCN: 14-1517

From 10/01/2018
To 09/30/2019Part II
Date/Time Prepared:
2/27/2020 2:25 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	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	676,593			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	676,593	- 759,019	749,813	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	3,099	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	2,727	10.00
11.00	MEDICAL RECORDS	0	0	0	0	6,533	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	38,752	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	39,110	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	357,153	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			0		290,710	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	11,729	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	128,440		759,019	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.189833		1.012278	101.00

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

Provider CCN: 14-0135

Period:

Worksheet 0-6

Hospice CCN: 14-1517

From 10/01/2018
To 09/30/2019Part II
Date/Time Prepared:
2/27/2020 2:25 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	6,199					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	6,199	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	6,236	0	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	1.005969	0.000000	0.000000	0.000000	0.000000	101.00

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

Provider CCN: 14-0135

Period:

Worksheet 0-6

Hospice CCN: 14-1517

From 10/01/2018
To 09/30/2019Part II
Date/Time Prepared:
2/27/2020 2:25 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	8,776				10.00
11.00	MEDICAL RECORDS		8,776			11.00
12.00	STAFF TRANSPORTATION			77,514		12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0	13.00
14.00	PHARMACY			0	0	78,164 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	8,436	8,436	0	0	0 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	340	340	77,514	0	78,164 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0 60.00
61.00	VOLUNTEER PROGRAM			0	0	0 61.00
62.00	FUNDRAISING			0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0 65.00
66.00	RESIDENTIAL CARE			0	0	0 66.00
67.00	ADVERTISING			0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0 68.00
69.00	THRIFT STORE			0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0 71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	5,487	13,146	77,980	0	78,700 100.00
101.00	UNIT COST MULTIPLIER	0.625228	1.497949	1.006012	0.000000	1.006857 101.00

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

Provider CCN: 14-0135

Period:

Worksheet 0-6

Hospice CCN: 14-1517

From 10/01/2018
To 09/30/2019Part II
Date/Time Prepared:
2/27/2020 2:25 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	0				15.00
16.00	OTHER GENERAL SERVICE		714,394			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	714,394	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	718,692	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	1.006016	0.000000		101.00

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

Provider CCN: 14-0135

Period:

Worksheet 0-7

Hospice CCN: 14-1517

From 10/01/2018
To 09/30/2019

Date/Time Prepared:
2/27/2020 2:25 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	
				2.00	3.00	4.00	
		0	1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.306577	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.121519	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.175618	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.309311	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.080381	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.626972	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.184130	0	0	0	9.00
10.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00					10.00
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	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	OTHER ANCILLARY SERVICE COST CENTERS						10.00
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0135

Period:

Worksheet 0-8

Hospice CCN: 14-1517

From 10/01/2018
To 09/30/2019Date/Time Prepared:
2/27/2020 2:25 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)			602,900	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			8,436	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			71.47	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	7,266	428		9.00
10.00	Program cost (line 8 times line 9)	519,301	30,589		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)			0	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			0	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			0.00	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	0	0		14.00
15.00	Program cost (line 13 times line 14)	0	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)			905,932	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			340	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			2,664.51	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	217	0		19.00
20.00	Program cost (line 18 times line 19)	578,199	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			1,508,832	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			8,776	22.00
23.00	Average cost per diem (line 21 divided by line 22)			171.93	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0135	Period: From 10/01/2018 To 09/30/2019	Worksheet L Parts I-III Date/Time Prepared: 2/27/2020 2:25 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,413,419	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		42,545	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)		99.42	3.00
4.00	Number of interns & residents (see instructions)		13.01	4.00
5.00	Indirect medical education percentage (see instructions)		3.76	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)		128,345	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.79	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.73	8.00
9.00	Sum of lines 7 and 8		23.52	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.88	10.00
11.00	Disproportionate share adjustment (see instructions)		166,575	11.00
12.00	Total prospective capital payments (see instructions)		3,750,884	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