

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: 14-0172	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 7/23/2020 10:56 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 7/23/2020	Time: 10:56 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN ST. JAMES HEALTH (14-0172) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER

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	2,118,760	43,932	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	-67,617	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	2,051,143	43,932	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: 14-0172		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 7/23/2020 10:56 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 20201 SOUTH CRAWFORD AVE			PO Box:				1.00		
2.00	City: OLYMPIA FIELDS			State: IL		Zip Code: 60461		County: COOK 2.00		
				Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
				1.00	2.00	3.00	4.00	5.00	V XVIII XIX 6.00 7.00 8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital			FRANCISCAN ST. JAMES HEALTH	140172	16974	1	07/01/1966	N P O 3.00	
4.00	Subprovider - IPF			FRANCISCAN ST. JAMES HEALTH REHAB	14T172	16974	5	07/01/1985	N P O 4.00	
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF			FRANCISCAN ST. JAMES HEALTH HHA	147267	16974		05/24/1984	N P N 8.00	
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
								From:	To:	
								1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)							01/01/2019	12/31/2019 20.00	
21.00	Type of Control (see instructions)							1	21.00	
								1.00	2.00 3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N	22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y	22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N	22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N N	22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1	N	23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0172

Period:
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Part I
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	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
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.	1,596	1,683	9	116	6,820	248	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	9	86	0	0	216		25.00
					Urban/Rural S	Date of Geogr	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					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)					Y	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	N	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	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		

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			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code				
			1.00	2.00	3.00				
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		N				60.00		
			Y/N	IME	Direct GME	IME	Direct GME		
			1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00		
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01		
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02		
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03		
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04		
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05		
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06		
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
			1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20		
							1.00		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 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)					22.00	106.53	0.171166	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		8.53	120.00	0.066366	66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00
			1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS					
	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					71.00
	Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					76.00

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0172	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 7/23/2020 10:56 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	0	0 118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H014	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0172		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 7/23/2020 10:56 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: FRANCISCAN HEALTH ALLIANCE	Contractor's Name: NGS		Contractor's Number: 06101					
142.00	Street: 1513 DRAGOON TRAIL	PO Box:							
143.00	City: MISAWAKA	State: IN		Zip Code: 46546					
								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	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	N	157.00	
158.00	SUBPROVIDER							158.00	
159.00	SNF	N	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	N	160.00	
161.00	CMHC		N	N	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	166.00	
								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	0 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0172	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 7/23/2020 10:56 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	05/31/2019
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/07/2019	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
7/23/2020 10:56 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MICHAEL	CADDICK		41.00
42.00	Enter the employer/company name of the cost report preparer.	STRATEGIC REIMBURSEMENT, INC.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	708 466-7240	MICHAEL.CADDICK@SRINC.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
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Date/Time Prepared:
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		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	VICE PRESIDENT		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: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
7/23/2020 10:56 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	161	58,926	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)		161	58,926	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	31	11,346	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		192	70,272	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	14	5,124		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						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)		206				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: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
7/23/2020 10:56 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)	18,525	3,404	37,053			1.00
2.00	HMO and other (see instructions)	7,264	5,088				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	268	79				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)	18,525	3,404	37,053			7.00
8.00	INTENSIVE CARE UNIT	2,789	748	8,312			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		984	2,808			13.00
14.00	Total (see instructions)	21,314	5,136	48,173	127.50	1,087.22	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	2,568	311	3,522	1.03	27.50	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	16,411	0	24,797	0.00	26.20	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			82			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)				128.53	1,140.92	27.00
28.00	Observation Bed Days		0	9,302			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	248	377			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: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
7/23/2020 10:56 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	4,759	2,108	10,979	1.00
2.00 HMO and other (see instructions)			1,395	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	4,759	2,108	10,979	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	220	20	295	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
7/23/2020 10:56 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	111,183,823	0	111,183,823	2,901,410.00	38.32
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		185,000	0	185,000	1,480.00	125.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	6,598,101	-473,056	6,125,045	230,279.00	26.60
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		21,860,497	0	21,860,497	473,920.00	46.13
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		7,383,747	-148,606	7,235,141	201,011.00	35.99
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		8,236,737	0	8,236,737	189,214.00	43.53
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		55,459	0	55,459	409.00	135.60
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		16,812,342	0	16,812,342	448,081.00	37.52
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		23,756,837	0	23,756,837		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,760,410	0	1,760,410		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		45,013	0	45,013		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		1,490,309	0	1,490,309		
25.50	Home office wage-related (core)		6,254,833	0	6,254,833		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
7/23/2020 10:56 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,005,422	0	1,005,422	13,914.00	72.26	26.00
27.00	Administrative & General	5.00	25,830,527	-401,617	25,428,910	285,047.00	89.21	27.00
28.00	Administrative & General under contract (see inst.)		927,674	0	927,674	7,580.00	122.38	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,181,902	0	2,181,902	41,706.00	52.32	30.00
31.00	Laundry & Linen Service	8.00	166,949	0	166,949	11,674.00	14.30	31.00
32.00	Housekeeping	9.00	2,721,449	0	2,721,449	173,642.00	15.67	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,129,478	-1,514,360	615,118	33,148.00	18.56	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,503,672	1,503,672	80,896.00	18.59	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,258,828	0	1,258,828	25,593.00	49.19	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	3,264,513	-320	3,264,193	74,956.00	43.55	40.00
41.00	Medical Records & Medical Records Library	16.00	1,037,630	0	1,037,630	23,841.00	43.52	41.00
42.00	Social Service	17.00	0	560,911	560,911	16,931.00	33.13	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part III
Date/Time Prepared:
7/23/2020 10:56 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)	83,652,899	473,056	84,125,955	2,204,791.00	38.16	1.00
2.00	Excluded area salaries (see instructions)	7,383,747	-148,606	7,235,141	201,011.00	35.99	2.00
3.00	Subtotal salaries (line 1 minus line 2)	76,269,152	621,662	76,890,814	2,003,780.00	38.37	3.00
4.00	Subtotal other wages & related costs (see inst.)	25,104,538	0	25,104,538	637,704.00	39.37	4.00
5.00	Subtotal wage-related costs (see inst.)	30,056,683	0	30,056,683	0.00	39.09	5.00
6.00	Total (sum of lines 3 thru 5)	131,430,373	621,662	132,052,035	2,641,484.00	49.99	6.00
7.00	Total overhead cost (see instructions)	40,524,372	148,286	40,672,658	788,928.00	51.55	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0172	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part IV Date/Time Prepared: 7/23/2020 10:56 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)		4,334,793	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		9,242,636	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		3,668,981	9.00
10.00	Dental, Hearing and Vision Plan		1,138,652	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		54,161	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)		309,859	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,100,904	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		7,019,300	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		73,250	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		110,033	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		27,052,569	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COST			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0172

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 7/23/2020 10:56 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	8,236,737	27,052,569	1.00
2.00	Hospital	8,236,737	27,052,569	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			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: 14-0172 Component CCN: 14-7267		Period: From 01/01/2019 To 12/31/2019		Worksheet S-4 Date/Time Prepared: 7/23/2020 10:56 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	339	0	182	521	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	731.00	0.00	392.00	1,123.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		2.00	0.00	2.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			6.52	0.00	6.52	5.00
6.00	Direct Nursing Service			11.36	0.00	11.36	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			2.98	5.04	8.02	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.00	2.98	2.98	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.12	0.00	0.12	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.64	1.37	2.01	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.59	0.00	1.59	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	16974					20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	5,816	886	269	80	7,051	21.00
22.00	Skilled Nursing Visit Charges	2,186,908	333,136	101,167	30,080	2,651,291	22.00
23.00	Physical Therapy Visits	5,430	290	60	122	5,902	23.00
24.00	Physical Therapy Visit Charges	2,113,044	113,100	20,670	47,570	2,294,384	24.00
25.00	Occupational Therapy Visits	2,148	252	17	38	2,455	25.00
26.00	Occupational Therapy Visit Charges	837,744	98,280	6,630	14,820	957,474	26.00
27.00	Speech Pathology Visits	15	0	0	0	15	27.00
28.00	Speech Pathology Visit Charges	5,850	0	0	0	5,850	28.00
29.00	Medical Social Service Visits	84	12	5	0	101	29.00
30.00	Medical Social Service Visit Charges	37,968	5,424	2,260	0	45,652	30.00
31.00	Home Health Aide Visits	751	126	1	9	887	31.00
32.00	Home Health Aide Visit Charges	136,696	22,932	182	1,639	161,449	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	14,244	1,566	352	249	16,411	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	5,318,210	572,872	130,909	94,109	6,116,100	35.00
36.00	Total Number of Episodes (standard/non outlier)	875		134	20	1,029	36.00
37.00	Total Number of Outlier Episodes		43		1	44	37.00
38.00	Total Non-Routine Medical Supply Charges	219,185	63,831	18,537	2,028	303,581	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0172

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

Worksheet S-10

Date/Time Prepared:
7/23/2020 10:56 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)		0.192601	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		34,777,617	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		205,323,117	6.00
7.00	Medicaid cost (line 1 times line 6)		39,545,438	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)		4,767,821	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)		4,767,821	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	35,661,582	8,778,162	44,439,744
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	6,868,456	8,778,162	15,646,618
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	6,868,456	8,778,162	15,646,618
			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)		18,503,757	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,906,758	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,933,474	27.01
28.00	Non-Medicare bad debt expense (see instructions)		15,570,283	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		4,025,568	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		19,672,186	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		24,440,007	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0172

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

Worksheet A

Date/Time Prepared:
7/23/2020 10:56 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		12,919,303	12,919,303	7,559,824	20,479,127	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		8,205,578	8,205,578	1,825,573	10,031,151	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,005,422	41,192	1,046,614	0	1,046,614	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	25,830,527	61,071,496	86,902,023	-1,039,503	85,862,520	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,181,902	10,521,729	12,703,631	-448,069	12,255,562	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	166,949	1,025,572	1,192,521	0	1,192,521	8.00
9.00	00900	HOUSEKEEPING	2,721,449	1,627,605	4,349,054	-21,042	4,328,012	9.00
10.00	01000	DIETARY	2,129,478	1,371,925	3,501,403	-2,497,574	1,003,829	10.00
11.00	01100	CAFETERIA	0	0	0	2,472,032	2,472,032	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,258,828	432,623	1,691,451	0	1,691,451	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,581,184	1,581,184	-1,646,021	-64,837	14.00
15.00	01500	PHARMACY	3,264,513	16,536,886	19,801,399	-15,971,858	3,829,541	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,037,630	470,126	1,507,756	0	1,507,756	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	724,585	724,585	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,598,101	0	6,598,101	-473,056	6,125,045	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,593,736	4,593,736	473,056	5,066,792	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,605,247	9,060,625	31,665,872	-4,538,308	27,127,564	30.00
31.00	03100	INTENSIVE CARE UNIT	6,869,409	4,021,632	10,891,041	-34,960	10,856,081	31.00
41.00	04100	SUBPROVIDER - IRF	1,898,074	648,301	2,546,375	0	2,546,375	41.00
43.00	04300	NURSERY	205,399	56,991	262,390	1,540,085	1,802,475	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,870,210	15,370,931	19,241,141	-11,076,173	8,164,968	50.00
50.01	05001	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	1,074,535	1,074,535	-372,724	701,811	50.02
51.00	05100	RECOVERY ROOM	830,529	143,648	974,177	0	974,177	51.00
53.00	05300	ANESTHESIOLOGY	17,134	4,435,367	4,452,501	0	4,452,501	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,058,782	683,169	2,741,951	-18,521	2,723,430	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	519,903	274,162	794,065	-105,138	688,927	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	776,895	499,846	1,276,741	0	1,276,741	55.00
56.00	05600	RADIOISOTOPE	465,025	721,332	1,186,357	-579,184	607,173	56.00
57.00	05700	CT SCAN	913,672	593,233	1,506,905	-252,856	1,254,049	57.00
58.00	05800	MRI	626,199	339,641	965,840	-80,933	884,907	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,314,795	5,804,869	7,119,664	-4,648,038	2,471,626	59.00
60.00	06000	LABORATORY	0	9,702,417	9,702,417	48,000	9,750,417	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,852,728	839,179	2,691,907	-281,891	2,410,016	65.00
65.01	06501	SLEEP LAB	339,417	137,861	477,278	-2,999	474,279	65.01
66.00	06600	PHYSICAL THERAPY	16,661	3,162,283	3,178,944	0	3,178,944	66.00
66.01	06601	OP PHYSICAL THERAPY	0	1,480,871	1,480,871	-279,339	1,201,532	66.01
66.02	06602	OP THERAPY SERVICES	0	2,503,896	2,503,896	0	2,503,896	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,234,220	1,234,220	0	1,234,220	67.00
68.00	06800	SPEECH PATHOLOGY	387,402	116,185	503,587	0	503,587	68.00
69.00	06900	ELECTROCARDIOLOGY	1,564,830	538,196	2,103,026	-600,086	1,502,940	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	121,372	60,160	181,532	0	181,532	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	11,863,338	11,863,338	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,566,127	6,566,127	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	209,902	90,252	300,154	15,506,245	15,806,399	73.00
74.00	07400	RENAL DIALYSIS	0	1,763,478	1,763,478	0	1,763,478	74.00
75.00	07500	ASC (NON-DISTINCT PART)	739,163	206,465	945,628	0	945,628	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	659,409	259,924	919,333	2,998,223	3,917,556	76.01
76.97	07697	CARDIAC REHABILITATION	722,838	237,856	960,694	218,735	1,179,429	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	878,496	1,279,655	2,158,151	415	2,158,566	90.00
90.01	09001	URGENT CARE CENTER	1,354,384	2,499,127	3,853,511	0	3,853,511	90.01
91.00	09100	EMERGENCY	7,685,476	3,787,955	11,473,431	0	11,473,431	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,433,700	1,574,864	4,008,564	-203,896	3,804,668	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 14-0172		Period: From 01/01/2019 To 12/31/2019		Worksheet A Date/Time Prepared: 7/23/2020 10:56 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			
	SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE		7,150,069	7,150,069	-7,150,069	0	113.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	108,131,850	202,752,150	310,884,000	-526,000	310,358,000	118.00		
	NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	39,320	204,144	243,464	0	243,464	190.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,012,653	6,208,240	9,220,893	508,426	9,729,319	192.00		
193.00	19300	NONPAID WORKERS	0	4,496	4,496	17,574	22,070	193.00		
194.00	07950	DEVELOPMENT	0	176	176	0	176	194.00		
194.01	07951	NON ALLOWABLE HOSPICE	0	0	0	0	0	194.01		
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02		
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03		
200.00		TOTAL (SUM OF LINES 118 through 199)	111,183,823	209,169,206	320,353,029	0	320,353,029	200.00		

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0172

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

Worksheet A

Date/Time Prepared:
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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	-8,320,383	12,158,744	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-18,341	10,012,810	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,946,207	2,992,821	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-26,525,738	59,336,782	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-1,208,995	11,046,567	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,192,521	8.00
9.00	00900	HOUSEKEEPING	0	4,328,012	9.00
10.00	01000	DIETARY	-232,304	771,525	10.00
11.00	01100	CAFETERIA	-813,604	1,658,428	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,691,451	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-183,256	-248,093	14.00
15.00	01500	PHARMACY	858,797	4,688,338	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,911,422	3,419,178	16.00
17.00	01700	SOCIAL SERVICE	0	724,585	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	6,125,045	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	5,066,792	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,362,912	25,764,652	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,325,739	9,530,342	31.00
41.00	04100	SUBPROVIDER - IRF	0	2,546,375	41.00
43.00	04300	NURSERY	0	1,802,475	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-3,076,686	5,088,282	50.00
50.01	05001	SURGICENTER	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	-1,860	699,951	50.02
51.00	05100	RECOVERY ROOM	0	974,177	51.00
53.00	05300	ANESTHESIOLOGY	-4,035,724	416,777	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-90,101	2,633,329	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	688,927	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-210	1,276,531	55.00
56.00	05600	RADIOISOTOPE	0	607,173	56.00
57.00	05700	CT SCAN	-6,000	1,248,049	57.00
58.00	05800	MRI	0	884,907	58.00
59.00	05900	CARDIAC CATHETERIZATION	-17,361	2,454,265	59.00
60.00	06000	LABORATORY	-69,902	9,680,515	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-26,588	2,383,428	65.00
65.01	06501	SLEEP LAB	-6,672	467,607	65.01
66.00	06600	PHYSICAL THERAPY	0	3,178,944	66.00
66.01	06601	OP PHYSICAL THERAPY	0	1,201,532	66.01
66.02	06602	OP THERAPY SERVICES	0	2,503,896	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,234,220	67.00
68.00	06800	SPEECH PATHOLOGY	0	503,587	68.00
69.00	06900	ELECTROCARDIOLOGY	-21,822	1,481,118	69.00
69.01	06901	EP LAB	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	181,532	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,863,338	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,566,127	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,806,399	73.00
74.00	07400	RENAL DIALYSIS	0	1,763,478	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	945,628	75.00
76.00	03951	WOUND CARE	0	0	76.00
76.01	03952	OP ONCOLOGY	0	3,917,556	76.01
76.97	07697	CARDIAC REHABILITATION	0	1,179,429	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-130,363	2,028,203	90.00
90.01	09001	URGENT CARE CENTER	-2,034,715	1,818,796	90.01
91.00	09100	EMERGENCY	-403,400	11,070,031	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	3,804,668	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0172

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

Worksheet A

Date/Time Prepared:
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-45,196,250	265,161,750	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	243,464	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	9,729,319	192.00
193.00	19300	NONPAID WORKERS	0	22,070	193.00
194.00	07950	DEVELOPMENT	0	176	194.00
194.01	07951	NON ALLOWABLE HOSPICE	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-45,196,250	275,156,779	200.00

RECLASSIFICATIONS

Provider CCN: 14-0172

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

Worksheet A-6

Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RENT/LEASE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	279,339		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,793,906		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
	TOTALS		0	2,073,245		
	B - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	11,863,338		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
	TOTALS		0	11,863,338		
	C - CLINIC COSTS					
1.00	CLINIC	90.00	320	95		1.00
	TOTALS		320	95		
	D - COST OF DRUGS SOLD					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,506,245		1.00
	TOTALS		0	15,506,245		
	E - SOCIAL SERVICES					
1.00	SOCIAL SERVICE	17.00	560,911	163,674		1.00
	TOTALS		560,911	163,674		
	F - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,150,069		1.00
	TOTALS		0	7,150,069		
	G - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	1,503,672	968,360		1.00
2.00	NONPAID WORKERS	193.00	10,688	6,886		2.00
	TOTALS		1,514,360	975,246		
	I - PROFESSIONAL FEES					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	53,273		1.00
2.00	LABORATORY	60.00	0	48,000		2.00
	TOTALS		0	101,273		
	J - HHA OVERHEAD COSTS					
1.00	ADMINISTRATIVE & GENERAL	5.00	159,294	44,602		1.00
	TOTALS		159,294	44,602		
	K - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	190,778		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	31,667		2.00
	TOTALS		0	222,445		
	L - NURSERY COSTS					
1.00	NURSERY	43.00	1,080,562	459,523		1.00
	TOTALS		1,080,562	459,523		
	N - CARDIAC ADMIN					
1.00	CARDIAC CATHETERIZATION	59.00	281,136	100,215		1.00
2.00	CARDIAC REHABILITATION	76.97	161,254	57,481		2.00
	TOTALS		442,390	157,696		
	O - INTERNS RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	473,056	0		1.00
	TOTALS		473,056	0		
	P - ONCOLOGY COSTS					
1.00	OP ONCOLOGY	76.01	2,256,514	741,709		1.00
	TOTALS		2,256,514	741,709		
	S - CHICAGO HEIGHTS POB COSTS					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	508,426		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	508,426		
	T - IMPLANT SUPPLY COSTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,566,127		1.00
2.00		0.00	0	0		2.00

RECLASSIFICATIONS

Provider CCN: 14-0172

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

Worksheet A-6

Date/Time Prepared:
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Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
TOTALS		0	6,566,127			
500.00	Grand Total: Increases	6,487,407	46,533,713			500.00

RECLASSIFICATIONS

Provider CCN: 14-0172

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

Worksheet A-6

Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RENT/LEASE EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	195,096	9		1.00
2.00	OPERATION OF PLANT	7.00	0	5	9		2.00
3.00	HOUSEKEEPING	9.00	0	21,042	0		3.00
4.00	DIETARY	10.00	0	7,968	0		4.00
5.00	PHARMACY	15.00	0	465,198	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	34,960	0		6.00
7.00	OPERATING ROOM	50.00	0	689,269	0		7.00
8.00	SURGERY RECOVERY CENTER	50.02	0	372,724	0		8.00
9.00	OP PHYSICAL THERAPY	66.01	0	279,339	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	4,645	0		10.00
11.00	SLEEP LAB	65.01	0	2,999	0		11.00
	TOTALS		0	2,073,245			
	B - CHARGEABLE SUPPLIES						
1.00	OPERATING ROOM	50.00	0	5,868,864	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,646,021	0		2.00
3.00	RADIOISOTOPE	56.00	0	579,184	0		3.00
4.00	CT SCAN	57.00	0	252,856	0		4.00
5.00	MRI	58.00	0	80,933	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	2,981,302	0		6.00
7.00	RESPIRATORY THERAPY	65.00	0	277,246	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	71,794	0		8.00
9.00	BREAST DIAGNOSIS CENTER	54.01	0	105,138	0		9.00
	TOTALS		0	11,863,338			
	C - CLINIC COSTS						
1.00	PHARMACY	15.00	320	95	0		1.00
	TOTALS		320	95			
	D - COST OF DRUGS SOLD						
1.00	PHARMACY	15.00	0	15,506,245	0		1.00
	TOTALS		0	15,506,245			
	E - SOCIAL SERVICES						
1.00	ADMINISTRATIVE & GENERAL	5.00	560,911	163,674	0		1.00
	TOTALS		560,911	163,674			
	F - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	7,150,069	9		1.00
	TOTALS		0	7,150,069			
	G - CAFETERIA COSTS						
1.00	DIETARY	10.00	1,514,360	975,246	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,514,360	975,246			
	I - PROFESSIONAL FEES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	101,273	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	101,273			
	J - HHA OVERHEAD COSTS						
1.00	HOME HEALTH AGENCY	101.00	159,294	44,602	0		1.00
	TOTALS		159,294	44,602			
	K - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	222,445	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	222,445			
	L - NURSERY COSTS						
1.00	ADULTS & PEDIATRICS	30.00	1,080,562	459,523	0		1.00
	TOTALS		1,080,562	459,523			
	N - CARDIAC ADMIN						
1.00	ELECTROCARDIOLOGY	69.00	442,390	157,696	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		442,390	157,696			
	O - INTERNS RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	473,056	0	0		1.00
	TOTALS		473,056	0			
	P - ONCOLOGY COSTS						
1.00	ADULTS & PEDIATRICS	30.00	2,256,514	741,709	0		1.00
	TOTALS		2,256,514	741,709			
	S - CHICAGO HEIGHTS POB COSTS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	60,362	9		1.00
2.00	OPERATION OF PLANT	7.00	0	448,064	0		2.00
	TOTALS		0	508,426			
	T - IMPLANT SUPPLY COSTS						
1.00	OPERATING ROOM	50.00	0	4,518,040	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	2,048,087	0		2.00
	TOTALS		0	6,566,127			
500.00	Grand Total: Decreases		6,487,407	46,533,713			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
7/23/2020 10:56 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	6,795,500	0	0	0	0	1.00	
2.00	Land Improvements	2,887,525	1,424,074	0	1,424,074	0	2.00	
3.00	Buildings and Fixtures	86,621,407	148,455	0	148,455	0	3.00	
4.00	Building Improvements	177,581,321	7,386,740	0	7,386,740	0	4.00	
5.00	Fixed Equipment	14,000,172	0	0	0	0	5.00	
6.00	Movable Equipment	76,595,402	4,376,094	0	4,376,094	4,513,754	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	364,481,327	13,335,363	0	13,335,363	4,513,754	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	364,481,327	13,335,363	0	13,335,363	4,513,754	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,795,500	0				1.00	
2.00	Land Improvements	4,311,599	0				2.00	
3.00	Buildings and Fixtures	86,769,862	0				3.00	
4.00	Building Improvements	184,968,061	0				4.00	
5.00	Fixed Equipment	14,000,172	0				5.00	
6.00	Movable Equipment	76,457,742	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	373,302,936	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	373,302,936	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
7/23/2020 10:56 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	12,919,303	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	8,205,578	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	21,124,881	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
		PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	CAP REL COSTS-BLDG & FIXT	0	12,919,303				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	8,205,578				2.00
3.00	Total (sum of lines 1-2)	0	21,124,881				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
7/23/2020 10:56 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	281,090,425	0	281,090,425	0.785858	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	76,595,402	0	76,595,402	0.214142	0	2.00
3.00	Total (sum of lines 1-2)	357,685,827	0	357,685,827	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	12,158,744	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	10,012,810	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	22,171,554	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	12,158,744	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	10,012,810	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	22,171,554	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0172

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

Worksheet A-8

Date/Time Prepared:
7/23/2020 10:56 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-145,793	ADMINISTRATIVE & GENERAL	5.00	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	-18,905,936			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	-5,493,556			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	B	-183,256	CENTRAL SERVICES & SUPPLY	14.00	0	16.00
17.00	Sale of drugs to other than patients	B	-213,694	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-1,514	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-49,741	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-479,865	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-14,694	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	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	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0172

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

Worksheet A-8

Date/Time Prepared:
7/23/2020 10:56 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
33.05 CAFETERIA REVENUE	B	-813,604	CAFETERIA	11.00	0	33.05
33.15 PATIENT PHONE COSTS	A	-139,998	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.17 PATIENT TV COSTS	A	-3,647	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.17
33.18 PATIENT TV COSTS/REPAIRS	A	-6,715	ADMINISTRATIVE & GENERAL	5.00	0	33.18
33.19 PROPERTY TAXES	A	-1,208,995	OPERATION OF PLANT	7.00	0	33.19
33.45 1500 FEES	A	-35,787	ADMINISTRATIVE & GENERAL	5.00	0	33.45
33.46 PHYSICIAN SUBSIDIES	A	-149,520	ADMINISTRATIVE & GENERAL	5.00	0	33.46
33.61 MARKETING COSTS	A	-1,686,423	ADMINISTRATIVE & GENERAL	5.00	0	33.61
33.73 PRINT SHOP FEES	B	-265	ADMINISTRATIVE & GENERAL	5.00	0	33.73
33.78 TELECOMMUNICATIONS REVENUE	B	-58,646	ADMINISTRATIVE & GENERAL	5.00	0	33.78
33.79 BABY PHOTOS	B	-205	ADULTS & PEDIATRICS	30.00	0	33.79
33.82 RADIOLOGY PROGRAM FEES	B	-36,828	RADIOLOGY-DIAGNOSTIC	54.00	0	33.82
33.87 NON-ALLOWABLE ADMIN EXPENSES	A	-152,550	ADMINISTRATIVE & GENERAL	5.00	0	33.87
33.89 INTEREST EXPENSE	A	-2,606,423	CAP REL COSTS-BLDG & FIXT	1.00	9	33.89
33.95 EMPLOYEE BADGES	B	-782	ADMINISTRATIVE & GENERAL	5.00	0	33.95
33.98 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.98
34.00 OTHER REVENUE	B	-11,115	ELECTROCARDIOLOGY	69.00	0	34.00
34.01 DIETARY DISCOUNTS/REBATES	B	-182,563	DIETARY	10.00	0	34.01
34.08 RENTAL REVENUE	B	-12,735	CAP REL COSTS-BLDG & FIXT	1.00	9	34.08
34.09 OTHER MISCELLANEOUS REVENUE	B	-19,307	ADMINISTRATIVE & GENERAL	5.00	0	34.09
34.11 MEDICAID TAX	A	-13,577,567	ADMINISTRATIVE & GENERAL	5.00	0	34.11
34.17 RESEARCH COSTS	A	-2,341	OPERATING ROOM	50.00	0	34.17
34.19 PENSION COSTS	A	1,946,207	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.19
34.20 OTHER REVENUE	B	-210	RADIOLOGY-THERAPEUTIC	55.00	0	34.20
34.21 REBATES AND DISCOUNTS	B	-620,230	OPERATING ROOM	50.00	0	34.21
34.22 OTHER REVENUE	B	-21,902	LABORATORY	60.00	0	34.22
34.23 OTHER REVENUE	B	-26,588	RESPIRATORY THERAPY	65.00	0	34.23
35.00 DIABETES COSTS	A	-150	ADMINISTRATIVE & GENERAL	5.00	0	35.00
35.15 MISC REVENUE	B	-17,361	CARDIAC CATHETERIZATION	59.00	0	35.15
35.16 LOBBYING COSTS	A	-193,307	ADMINISTRATIVE & GENERAL	5.00	0	35.16
35.17 NON ALLOWABLE DUES	A	-68,644	ADMINISTRATIVE & GENERAL	5.00	0	35.17
35.18 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.18
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-45,196,250				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0172

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

Worksheet A-8-1

Date/Time Prepared:
7/23/2020 10:56 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	DEPRE BUILDINGS	4,127,866	4,805,580	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE	31,771,027	35,028,650	2.00
3.00	15.00	PHARMACY	PHARMACY MGMT	561,011	-511,480	3.00
4.00	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	1,912,937	1	4.00
4.01	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST EXPENSE	2,606,423	7,150,069	4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			40,979,264	46,472,820	5.00

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

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

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

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

6.00	B		0.00	FRANCISCAN HEAL	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0172

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

Worksheet A-8-1

Date/Time Prepared:
7/23/2020 10:56 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-677,714	9		1.00
2.00	-3,257,623	0		2.00
3.00	1,072,491	0		3.00
4.00	1,912,936	0		4.00
4.01	-4,543,646	9		4.01
5.00	-5,493,556			5.00

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

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

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

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

6.00	HEALTH CARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0172

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

Worksheet A-8-2

Date/Time Prepared:
7/23/2020 10:56 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	7,032,661	7,032,661	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,362,792	0	1,362,792	177,200	1	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	1,325,824	0	1,325,824	177,200	1	3.00
4.00	0.00	AGGREGATE-	0	0	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	2,454,200	2,208,780	245,420	177,200	1	5.00
6.00	0.00	AGGREGATE-	0	0	0	0	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	53,273	53,273	0	0	0	7.00
8.00	60.00	AGGREGATE-LABORATORY	48,000	48,000	0	0	1	8.00
9.00	50.02	AGGREGATE-SURGERY RECOVERY CENTER	11,160	0	11,160	208,000	93	9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	20,589	0	20,589	177,200	116	10.00
11.00	65.01	AGGREGATE-SLEEP LAB	23,710	0	23,710	177,200	200	11.00
12.00	90.00	AGGREGATE-CLINIC	130,363	130,363	0	0	0	12.00
13.00	0.00	AGGREGATE-	0	0	0	0	0	13.00
14.00	0.00	AGGREGATE-	0	0	0	0	0	14.00
15.00	53.00	AGGREGATE-ANESTHESIOLOGY	4,035,724	4,035,724	0	0	0	15.00
16.00	91.00	AGGREGATE-EMERGENCY	403,485	0	403,485	177,200	1	16.00
17.00	57.00	AGGREGATE-CT SCAN	6,000	6,000	0	0	0	17.00
18.00	90.01	AGGREGATE-URGENT CARE CENTER	2,034,800	1,831,320	203,480	177,200	1	18.00
200.00			18,942,581	15,346,121	3,596,460		415	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	85	4	0	0	0	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	85	4	0	0	0	3.00
4.00	0.00	AGGREGATE-	0	0	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	85	4	0	0	0	5.00
6.00	0.00	AGGREGATE-	0	0	0	0	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	8.00
9.00	50.02	AGGREGATE-SURGERY RECOVERY CENTER	9,300	465	0	0	0	9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	9,882	494	0	0	0	10.00
11.00	65.01	AGGREGATE-SLEEP LAB	17,038	852	0	0	0	11.00
12.00	90.00	AGGREGATE-CLINIC	0	0	0	0	0	12.00
13.00	0.00	AGGREGATE-	0	0	0	0	0	13.00
14.00	0.00	AGGREGATE-	0	0	0	0	0	14.00
15.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	15.00
16.00	91.00	AGGREGATE-EMERGENCY	85	4	0	0	0	16.00
17.00	57.00	AGGREGATE-CT SCAN	0	0	0	0	0	17.00
18.00	90.01	AGGREGATE-URGENT CARE CENTER	85	4	0	0	0	18.00
200.00			36,645	1,831	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	7,032,661		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	85	1,362,707	1,362,707		2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	85	1,325,739	1,325,739		3.00
4.00	0.00	AGGREGATE-	0	0	0	0		4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	85	245,335	2,454,115		5.00
6.00	0.00	AGGREGATE-	0	0	0	0		6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	53,273		7.00
8.00	60.00	AGGREGATE-LABORATORY	0	0	0	48,000		8.00
9.00	50.02	AGGREGATE-SURGERY RECOVERY CENTER	0	9,300	1,860	1,860		9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	9,882	10,707	10,707		10.00
11.00	65.01	AGGREGATE-SLEEP LAB	0	17,038	6,672	6,672		11.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0172

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

Worksheet A-8-2

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	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
12.00	90.00	AGGREGATE-CLINIC	0	0	0	130,363		12.00
13.00	0.00	AGGREGATE-	0	0	0	0		13.00
14.00	0.00	AGGREGATE-	0	0	0	0		14.00
15.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	4,035,724		15.00
16.00	91.00	AGGREGATE-EMERGENCY	0	85	403,400	403,400		16.00
17.00	57.00	AGGREGATE-CT SCAN	0	0	0	6,000		17.00
18.00	90.01	AGGREGATE-URGENT CARE CENTER	0	85	203,395	2,034,715		18.00
200.00			0	36,645	3,559,815	18,905,936		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
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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	12,158,744	12,158,744			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	10,012,810		10,012,810		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,992,821	35,676	29,380	3,057,877	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	59,336,782	1,351,502	1,112,971	705,736	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	11,046,567	1,902,520	1,566,736	60,557	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,192,521	52,962	43,615	4,634	8.00
9.00	00900	HOUSEKEEPING	4,328,012	254,979	209,977	75,531	9.00
10.00	01000	DIETARY	771,525	90,283	74,349	17,072	10.00
11.00	01100	CAFETERIA	1,658,428	323,847	266,690	41,733	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,691,451	23,888	19,672	34,938	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-248,093	473,395	389,844	0	14.00
15.00	01500	PHARMACY	4,688,338	89,156	73,421	90,594	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,419,178	69,236	57,017	28,798	16.00
17.00	01700	SOCIAL SERVICE	724,585	6,889	5,673	15,568	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,125,045	96,379	79,369	169,994	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,066,792	0	0	13,129	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	25,764,652	1,709,714	1,407,961	534,769	30.00
31.00	03100	INTENSIVE CARE UNIT	9,530,342	471,360	388,168	190,654	31.00
41.00	04100	SUBPROVIDER - IRF	2,546,375	129,214	106,409	52,679	41.00
43.00	04300	NURSERY	1,802,475	72,284	59,527	35,691	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,088,282	852,563	702,091	107,414	50.00
50.01	05001	SURGICENTER	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	699,951	0	0	0	50.02
51.00	05100	RECOVERY ROOM	974,177	54,665	45,017	23,051	51.00
53.00	05300	ANESTHESIOLOGY	416,777	96,137	79,170	47,776	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,633,329	521,090	429,121	57,139	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	688,927	83,958	69,140	14,429	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,276,531	102,923	84,758	21,562	55.00
56.00	05600	RADIOISOTOPE	607,173	35,538	29,266	12,906	56.00
57.00	05700	CT SCAN	1,248,049	24,129	19,871	25,358	57.00
58.00	05800	MRI	884,907	61,462	50,614	17,380	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,454,265	148,191	122,037	44,293	59.00
60.00	06000	LABORATORY	9,680,515	343,640	282,990	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,383,428	47,787	39,353	51,421	65.00
65.01	06501	SLEEP LAB	467,607	11,501	9,471	9,420	65.01
66.00	06600	PHYSICAL THERAPY	3,178,944	208,825	171,969	462	66.00
66.01	06601	OP PHYSICAL THERAPY	1,201,532	5,751	4,736	0	66.01
66.02	06602	OP THERAPY SERVICES	2,503,896	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,234,220	76,241	62,785	0	67.00
68.00	06800	SPEECH PATHOLOGY	503,587	12,007	9,888	10,752	68.00
69.00	06900	ELECTROCARDIOLOGY	1,481,118	338,223	278,529	31,152	69.00
69.01	06901	EP LAB	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	181,532	12,042	9,916	3,369	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,863,338	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,566,127	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,806,399	0	0	5,826	73.00
74.00	07400	RENAL DIALYSIS	1,763,478	12,042	9,916	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	945,628	313,933	258,526	20,515	75.00
76.00	03951	WOUND CARE	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	3,917,556	42,795	35,242	80,929	76.01
76.97	07697	CARDIAC REHABILITATION	1,179,429	0	0	24,537	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,028,203	28,753	23,678	24,391	90.00
90.01	09001	URGENT CARE CENTER	1,818,796	0	0	37,590	90.01
91.00	09100	EMERGENCY	11,070,031	441,284	363,401	213,303	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet B
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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	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	3,804,668	0	0	63,124	3,867,792	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	265,161,750	11,028,764	9,082,264	2,972,876	263,016,223	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	243,464	72,215	59,470	1,091	376,240	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	9,729,319	875,933	721,337	83,613	11,410,202	192.00
193.00	19300 NONPAID WORKERS	22,070	79,139	65,171	297	166,677	193.00
194.00	07950 DEVELOPMENT	176	0	0	0	176	194.00
194.01	07951 NON ALLOWABLE HOSPICE	0	102,693	84,568	0	187,261	194.01
194.02	07952 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	275,156,779	12,158,744	10,012,810	3,057,877	275,156,779	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	62,506,991					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	4,284,625	0	18,861,005			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	380,283	0	112,630	1,786,645		8.00
9.00	00900	HOUSEKEEPING	1,431,061	0	542,240	0	6,841,800	9.00
10.00	01000	DIETARY	280,195	0	191,998	0	72,152	10.00
11.00	01100	CAFETERIA	673,335	0	688,696	0	258,810	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	520,264	0	50,800	0	19,090	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	180,818	0	1,006,727	0	378,325	14.00
15.00	01500	PHARMACY	1,452,522	0	189,601	0	71,251	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,050,620	0	147,239	0	55,332	16.00
17.00	01700	SOCIAL SERVICE	221,255	0	14,651	0	5,506	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,902,043	0	204,960	0	77,023	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,493,207	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,647,023	0	3,635,898	1,299,991	1,366,359	30.00
31.00	03100	INTENSIVE CARE UNIT	3,110,071	0	1,002,398	288,686	376,698	31.00
41.00	04100	SUBPROVIDER - IRF	833,233	0	274,789	122,323	103,265	41.00
43.00	04300	NURSERY	579,061	0	153,720	0	57,768	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,984,218	0	1,813,068	0	681,344	50.00
50.01	05001	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	205,746	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	322,429	0	116,250	0	43,686	51.00
53.00	05300	ANESTHESIOLOGY	174,179	0	204,447	0	76,830	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,070,152	0	1,108,156	0	416,441	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	251,749	0	178,545	0	67,097	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	436,733	0	218,877	0	82,253	55.00
56.00	05600	RADIOISOTOPE	201,317	0	75,576	0	28,401	56.00
57.00	05700	CT SCAN	387,243	0	51,313	0	19,283	57.00
58.00	05800	MRI	298,165	0	130,705	0	49,118	58.00
59.00	05900	CARDIAC CATHETERIZATION	813,865	0	315,145	0	118,430	59.00
60.00	06000	LABORATORY	3,029,713	0	730,789	0	274,628	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	741,321	0	101,624	0	38,190	65.00
65.01	06501	SLEEP LAB	146,383	0	24,458	0	9,191	65.01
66.00	06600	PHYSICAL THERAPY	1,046,496	0	444,089	0	166,887	66.00
66.01	06601	OP PHYSICAL THERAPY	356,265	0	12,229	0	4,596	66.01
66.02	06602	OP THERAPY SERVICES	736,003	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	403,656	0	162,134	0	60,929	67.00
68.00	06800	SPEECH PATHOLOGY	157,622	0	25,534	0	9,596	68.00
69.00	06900	ELECTROCARDIOLOGY	625,811	0	719,269	0	270,299	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	60,805	0	25,608	0	9,623	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,487,145	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,930,067	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,647,893	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	524,816	0	25,608	0	9,623	74.00
75.00	07500	ASC (NON-DISTINCT PART)	452,261	0	667,613	0	250,887	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	1,198,265	0	91,009	0	34,201	76.01
76.97	07697	CARDIAC REHABILITATION	353,897	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	618,757	0	61,146	0	22,978	90.00
90.01	09001	URGENT CARE CENTER	545,672	0	0	0	0	90.01
91.00	09100	EMERGENCY	3,553,189	0	938,440	0	352,662	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,136,910	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	58,938,359	0	16,457,979	1,711,000	5,938,752	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
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To 12/31/2019Worksheet B
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	110,593	0	153,574	0	57,712	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,353,949	0	1,862,767	0	700,021	192.00
193.00	19300	NONPAID WORKERS	48,994	0	168,297	0	63,246	193.00
194.00	07950	DEVELOPMENT	52	0	0	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	55,044	0	218,388	75,645	82,069	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	62,506,991	0	18,861,005	1,786,645	6,841,800	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,497,574					10.00
11.00	01100	CAFETERIA	0	3,911,539				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	42,433	0	2,402,536		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	2,181,016	14.00
15.00	01500	PHARMACY	0	124,275	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	39,528	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	28,071	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	553,050	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	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,089,658	1,084,603	0	1,080,749	81,748	30.00
31.00	03100	INTENSIVE CARE UNIT	241,978	306,650	0	305,560	47,972	31.00
41.00	04100	SUBPROVIDER - IRF	102,532	94,687	0	94,351	3,624	41.00
43.00	04300	NURSERY	0	59,334	0	59,123	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	185,012	0	184,355	0	50.00
50.01	05001	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	249	50.02
51.00	05100	RECOVERY ROOM	0	27,919	0	27,819	139	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	30,636	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	92,424	0	0	35	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	27,445	0	0	3	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	29,837	0	0	2,759	55.00
56.00	05600	RADIOISOTOPE	0	16,734	0	0	0	56.00
57.00	05700	CT SCAN	0	39,465	0	0	0	57.00
58.00	05800	MRI	0	24,870	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	64,703	0	0	160,716	59.00
60.00	06000	LABORATORY	0	0	0	0	68,002	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	93,027	0	92,697	0	65.00
65.01	06501	SLEEP LAB	0	17,994	0	0	935	65.01
66.00	06600	PHYSICAL THERAPY	0	1,449	0	0	1,053	66.00
66.01	06601	OP PHYSICAL THERAPY	0	0	0	0	423	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	0	1,083	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,049	67.00
68.00	06800	SPEECH PATHOLOGY	0	14,623	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	48,572	0	48,400	3,700	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,977	0	6,952	2,035	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,027,269	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	514,581	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,377	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,504	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	88,213	0	87,899	5,406	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	0	28,822	0	28,720	4,136	76.01
76.97	07697	CARDIAC REHABILITATION	0	39,709	0	0	512	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	28,945	0	0	1,116	90.00
90.01	09001	URGENT CARE CENTER	0	76,297	0	0	58,071	90.01
91.00	09100	EMERGENCY	0	387,287	0	385,911	68,959	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	90,340	0	0	9,125	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,434,168	3,763,295	0	2,402,536	2,100,217	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,154	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	142,090	0	0	80,799	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	63,406	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,497,574	3,911,539	0	2,402,536	2,181,016	202.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
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
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	6,779,158					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,866,948				16.00
17.00	01700	SOCIAL SERVICE	0	0	1,022,198			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	417	423,862	739,003	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	33	116,242	172,192	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	28,980	59,895	0	0	41.00
43.00	04300	NURSERY	0	27,505	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,923	325,771	0	0	0	50.00
50.01	05001	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	9,855	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	50,169	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	116,814	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	169	229,713	0	0	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	23	34,976	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	73	80,215	0	0	0	55.00
56.00	05600	RADIOISOTOPE	48	67,486	0	0	0	56.00
57.00	05700	CT SCAN	233	453,902	0	0	0	57.00
58.00	05800	MRI	0	104,315	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	194	191,150	0	0	0	59.00
60.00	06000	LABORATORY	0	472,343	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	8,103	114,545	0	0	0	65.00
65.01	06501	SLEEP LAB	0	23,358	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	23	83,627	0	0	0	66.00
66.01	06601	OP PHYSICAL THERAPY	13	38,398	0	0	0	66.01
66.02	06602	OP THERAPY SERVICES	14	57,130	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	34,726	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	13,788	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	115	155,240	0	0	0	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,090	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	192,479	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	65,456	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,719,564	544,308	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	145	22,521	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	20,904	0	0	0	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	5,600	82,978	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	10,846	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	38,423	24,683	0	0	0	90.00
90.01	09001	URGENT CARE CENTER	20	13,676	0	0	0	90.01
91.00	09100	EMERGENCY	92	588,029	51,108	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	223	37,868	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

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			15.00	16.00	17.00	19.00	20.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,778,448	4,866,948	1,022,198	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	701	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,779,158	4,866,948	1,022,198	0	0	202.00

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	RADIOLOGY PARAMEDICAL	Subtotal	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			APPRV	APPRV				
			21.00	22.00	23.00	23.01	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
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	9,207,863					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		6,573,128				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
23.01	02301	RADIOLOGY PARAMEDICAL				0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,067,164	6,472,689	0	0	64,406,260	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	16,549,004	31.00
41.00	04100	SUBPROVIDER - IRF	140,699	100,439	0	0	4,793,494	41.00
43.00	04300	NURSERY	0	0	0	0	2,906,488	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	11,929,041	50.00
50.01	05001	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	915,801	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	1,685,321	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	1,195,466	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	6,557,769	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	0	0	0	1,416,292	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	2,336,521	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	1,074,445	56.00
57.00	05700	CT SCAN	0	0	0	0	2,268,846	57.00
58.00	05800	MRI	0	0	0	0	1,621,536	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	4,432,989	59.00
60.00	06000	LABORATORY	0	0	0	0	14,882,620	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	3,711,496	65.00
65.01	06501	SLEEP LAB	0	0	0	0	720,318	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	5,303,824	66.00
66.01	06601	OP PHYSICAL THERAPY	0	0	0	0	1,623,943	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	0	3,298,126	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,036,740	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	757,397	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	4,000,428	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	327,949	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	16,570,231	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	9,076,231	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	27,726,367	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	2,369,653	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	3,111,785	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	0	0	0	0	5,550,253	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	1,608,930	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	2,901,073	90.00
90.01	09001	URGENT CARE CENTER	0	0	0	0	2,550,122	90.01
91.00	09100	EMERGENCY	0	0	0	0	18,413,696	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	5,142,258	101.00

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	RADIOLOGY PARAMEDICAL	Subtotal	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	23.01	24.00	
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,207,863	6,573,128	0	0	255,772,713	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	704,273	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	17,549,837	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	447,214	193.00
194.00	07950	DEVELOPMENT	0	0	0	0	228	194.00
194.01	07951	NON ALLOWABLE HOSPICE	0	0	0	0	682,514	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	9,207,863	6,573,128	0	0	275,156,779	202.00

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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
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
23.01	02301	RADIOLOGY PARAMEDICAL			23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-15,539,853	48,866,407	30.00
31.00	03100	INTENSIVE CARE UNIT	0	16,549,004	31.00
41.00	04100	SUBPROVIDER - IRF	-241,138	4,552,356	41.00
43.00	04300	NURSERY	0	2,906,488	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	11,929,041	50.00
50.01	05001	SURGICENTER	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	915,801	50.02
51.00	05100	RECOVERY ROOM	0	1,685,321	51.00
53.00	05300	ANESTHESIOLOGY	0	1,195,466	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,557,769	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	1,416,292	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,336,521	55.00
56.00	05600	RADIOISOTOPE	0	1,074,445	56.00
57.00	05700	CT SCAN	0	2,268,846	57.00
58.00	05800	MRI	0	1,621,536	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,432,989	59.00
60.00	06000	LABORATORY	0	14,882,620	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	3,711,496	65.00
65.01	06501	SLEEP LAB	0	720,318	65.01
66.00	06600	PHYSICAL THERAPY	0	5,303,824	66.00
66.01	06601	OP PHYSICAL THERAPY	0	1,623,943	66.01
66.02	06602	OP THERAPY SERVICES	0	3,298,126	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	2,036,740	67.00
68.00	06800	SPEECH PATHOLOGY	0	757,397	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,000,428	69.00
69.01	06901	EP LAB	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	327,949	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,570,231	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,076,231	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	27,726,367	73.00
74.00	07400	RENAL DIALYSIS	0	2,369,653	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,111,785	75.00
76.00	03951	WOUND CARE	0	0	76.00
76.01	03952	OP ONCOLOGY	0	5,550,253	76.01
76.97	07697	CARDIAC REHABILITATION	0	1,608,930	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	2,901,073	90.00
90.01	09001	URGENT CARE CENTER	0	2,550,122	90.01
91.00	09100	EMERGENCY	0	18,413,696	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	5,142,258	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/23/2020 10:56 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-15,780,991	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	DEVELOPMENT	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	194.03
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	-15,780,991	202.00
			259,375,788	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/23/2020 10:56 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	35,676	29,380	65,056	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,677,628	1,351,502	1,112,971	5,142,101	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	1,902,520	1,566,736	3,469,256	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	52,962	43,615	96,577	8.00
9.00	00900	HOUSEKEEPING	0	254,979	209,977	464,956	9.00
10.00	01000	DIETARY	0	90,283	74,349	164,632	10.00
11.00	01100	CAFETERIA	0	323,847	266,690	590,537	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	23,888	19,672	43,560	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	473,395	389,844	863,239	14.00
15.00	01500	PHARMACY	0	89,156	73,421	162,577	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	69,236	57,017	126,253	16.00
17.00	01700	SOCIAL SERVICE	0	6,889	5,673	12,562	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	96,379	79,369	175,748	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
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,709,714	1,407,961	3,117,675	30.00
31.00	03100	INTENSIVE CARE UNIT	0	471,360	388,168	859,528	31.00
41.00	04100	SUBPROVIDER - IRF	0	129,214	106,409	235,623	41.00
43.00	04300	NURSERY	0	72,284	59,527	131,811	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	852,563	702,091	1,554,654	50.00
50.01	05001	SURGICENTER	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	54,665	45,017	99,682	51.00
53.00	05300	ANESTHESIOLOGY	0	96,137	79,170	175,307	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	521,090	429,121	950,211	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	83,958	69,140	153,098	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	102,923	84,758	187,681	55.00
56.00	05600	RADIOISOTOPE	0	35,538	29,266	64,804	56.00
57.00	05700	CT SCAN	0	24,129	19,871	44,000	57.00
58.00	05800	MRI	0	61,462	50,614	112,076	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	148,191	122,037	270,228	59.00
60.00	06000	LABORATORY	0	343,640	282,990	626,630	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	47,787	39,353	87,140	65.00
65.01	06501	SLEEP LAB	0	11,501	9,471	20,972	65.01
66.00	06600	PHYSICAL THERAPY	0	208,825	171,969	380,794	66.00
66.01	06601	OP PHYSICAL THERAPY	0	5,751	4,736	10,487	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	76,241	62,785	139,026	67.00
68.00	06800	SPEECH PATHOLOGY	0	12,007	9,888	21,895	68.00
69.00	06900	ELECTROCARDIOLOGY	0	338,223	278,529	616,752	69.00
69.01	06901	EP LAB	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	12,042	9,916	21,958	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	12,042	9,916	21,958	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	313,933	258,526	572,459	75.00
76.00	03951	WOUND CARE	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	0	42,795	35,242	78,037	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	28,753	23,678	52,431	90.00
90.01	09001	URGENT CARE CENTER	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	441,284	363,401	804,685	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	1,342	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,677,628	11,028,764	9,082,264	63,250	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	72,215	59,470	23	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	875,933	721,337	1,777	192.00
193.00	19300	NONPAID WORKERS	0	79,139	65,171	6	193.00
194.00	07950	DEVELOPMENT	0	0	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	0	102,693	84,568	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.03
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,677,628	12,158,744	10,012,810	65,056	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet B
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,157,156					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	353,506	0	3,824,049			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	31,376	0	22,836	150,887		8.00
9.00	00900	HOUSEKEEPING	118,071	0	109,939	0	694,572	9.00
10.00	01000	DIETARY	23,118	0	38,927	0	7,325	10.00
11.00	01100	CAFETERIA	55,554	0	139,632	0	26,274	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	42,925	0	10,300	0	1,938	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,919	0	204,113	0	38,407	14.00
15.00	01500	PHARMACY	119,841	0	38,441	0	7,233	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	86,682	0	29,853	0	5,617	16.00
17.00	01700	SOCIAL SERVICE	18,255	0	2,970	0	559	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	156,930	0	41,556	0	7,819	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	123,198	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	713,395	0	737,174	109,788	138,712	30.00
31.00	03100	INTENSIVE CARE UNIT	256,599	0	203,235	24,380	38,242	31.00
41.00	04100	SUBPROVIDER - IRF	68,747	0	55,713	10,331	10,483	41.00
43.00	04300	NURSERY	47,776	0	31,167	0	5,864	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	163,709	0	367,598	0	69,169	50.00
50.01	05001	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	16,975	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	26,602	0	23,570	0	4,435	51.00
53.00	05300	ANESTHESIOLOGY	14,371	0	41,451	0	7,800	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	88,294	0	224,677	0	42,277	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	20,771	0	36,200	0	6,812	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	36,033	0	44,377	0	8,350	55.00
56.00	05600	RADIOISOTOPE	16,610	0	15,323	0	2,883	56.00
57.00	05700	CT SCAN	31,950	0	10,404	0	1,958	57.00
58.00	05800	MRI	24,600	0	26,500	0	4,986	58.00
59.00	05900	CARDIAC CATHETERIZATION	67,149	0	63,895	0	12,023	59.00
60.00	06000	LABORATORY	249,969	0	148,167	0	27,880	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	61,163	0	20,604	0	3,877	65.00
65.01	06501	SLEEP LAB	12,077	0	4,959	0	933	65.01
66.00	06600	PHYSICAL THERAPY	86,342	0	90,039	0	16,942	66.00
66.01	06601	OP PHYSICAL THERAPY	29,394	0	2,479	0	467	66.01
66.02	06602	OP THERAPY SERVICES	60,724	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	33,304	0	32,872	0	6,185	67.00
68.00	06800	SPEECH PATHOLOGY	13,005	0	5,177	0	974	68.00
69.00	06900	ELECTROCARDIOLOGY	51,633	0	145,831	0	27,440	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	5,017	0	5,192	0	977	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	287,710	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	159,242	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	383,478	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	43,300	0	5,192	0	977	74.00
75.00	07500	ASC (NON-DISTINCT PART)	37,314	0	135,358	0	25,470	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	98,864	0	18,452	0	3,472	76.01
76.97	07697	CARDIAC REHABILITATION	29,199	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	51,051	0	12,397	0	2,333	90.00
90.01	09001	URGENT CARE CENTER	45,021	0	0	0	0	90.01
91.00	09100	EMERGENCY	293,159	0	190,268	0	35,802	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	93,802	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,862,724	0	3,336,838	144,499	602,895	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/23/2020 10:56 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,125	0	31,137	0	5,859	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	276,720	0	377,674	0	71,065	192.00
193.00	19300	NONPAID WORKERS	4,042	0	34,122	0	6,421	193.00
194.00	07950	DEVELOPMENT	4	0	0	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	4,541	0	44,278	6,388	8,332	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	5,157,156	0	3,824,049	150,887	694,572	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	234,365					10.00
11.00	01100	CAFETERIA	0	812,884				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	8,818	0	108,284		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,006,220	14.00
15.00	01500	PHARMACY	0	25,827	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,215	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	5,834	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	114,933	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	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	170,527	225,398	0	48,711	37,715	30.00
31.00	03100	INTENSIVE CARE UNIT	37,869	63,727	0	13,772	22,132	31.00
41.00	04100	SUBPROVIDER - IRF	16,046	19,678	0	4,252	1,672	41.00
43.00	04300	NURSERY	0	12,331	0	2,665	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	38,449	0	8,309	0	50.00
50.01	05001	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	115	50.02
51.00	05100	RECOVERY ROOM	0	5,802	0	1,254	64	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	14,134	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,207	0	0	16	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	5,703	0	0	1	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,201	0	0	1,273	55.00
56.00	05600	RADIOISOTOPE	0	3,478	0	0	0	56.00
57.00	05700	CT SCAN	0	8,201	0	0	0	57.00
58.00	05800	MRI	0	5,168	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	13,446	0	0	74,147	59.00
60.00	06000	LABORATORY	0	0	0	0	31,373	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	19,333	0	4,178	0	65.00
65.01	06501	SLEEP LAB	0	3,739	0	0	432	65.01
66.00	06600	PHYSICAL THERAPY	0	301	0	0	486	66.00
66.01	06601	OP PHYSICAL THERAPY	0	0	0	0	195	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	0	500	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	945	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,039	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,094	0	2,181	1,707	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,450	0	313	939	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	473,933	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	237,405	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,096	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	694	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	18,332	0	3,962	2,494	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	0	5,990	0	1,294	1,908	76.01
76.97	07697	CARDIAC REHABILITATION	0	8,252	0	0	236	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	6,015	0	0	515	90.00
90.01	09001	URGENT CARE CENTER	0	15,856	0	0	26,791	90.01
91.00	09100	EMERGENCY	0	80,485	0	17,393	31,815	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	18,774	0	0	4,210	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	224,442	782,076	0	108,284	968,943	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,279	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	29,529	0	0	37,277	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	9,923	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	114,458	201.00
202.00		TOTAL (sum lines 118 through 201)	234,365	812,884	0	108,284	1,120,678	202.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
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
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	355,845					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	257,232				16.00
17.00	01700	SOCIAL SERVICE	0	0	40,511			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22	22,354	29,288			30.00
31.00	03100	INTENSIVE CARE UNIT	2	6,131	6,824			31.00
41.00	04100	SUBPROVIDER - IRF	0	1,528	2,374			41.00
43.00	04300	NURSERY	0	1,451	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	258	17,181	0			50.00
50.01	05001	SURGICENTER	0	0	0			50.01
50.02	05002	SURGERY RECOVERY CENTER	0	520	0			50.02
51.00	05100	RECOVERY ROOM	0	2,646	0			51.00
53.00	05300	ANESTHESIOLOGY	0	6,161	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9	12,115	0			54.00
54.01	05401	BREAST DIAGNOSIS CENTER	1	1,845	0			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4	4,230	0			55.00
56.00	05600	RADIOISOTOPE	3	3,559	0			56.00
57.00	05700	CT SCAN	12	23,939	0			57.00
58.00	05800	MRI	0	5,502	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	10	10,081	0			59.00
60.00	06000	LABORATORY	0	24,911	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
65.00	06500	RESPIRATORY THERAPY	425	6,041	0			65.00
65.01	06501	SLEEP LAB	0	1,232	0			65.01
66.00	06600	PHYSICAL THERAPY	1	4,410	0			66.00
66.01	06601	OP PHYSICAL THERAPY	1	2,025	0			66.01
66.02	06602	OP THERAPY SERVICES	1	3,013	0			66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,831	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	727	0			68.00
69.00	06900	ELECTROCARDIOLOGY	6	8,187	0			69.00
69.01	06901	EP LAB	0	0	0			69.01
69.02	03650	VASCULAR SERVICES	0	0	0			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	479	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,151	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,452	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	352,716	28,706	0			73.00
74.00	07400	RENAL DIALYSIS	8	1,188	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,102	0			75.00
76.00	03951	WOUND CARE	0	0	0			76.00
76.01	03952	OP ONCOLOGY	294	4,376	0			76.01
76.97	07697	CARDIAC REHABILITATION	0	572	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,017	1,302	0			90.00
90.01	09001	URGENT CARE CENTER	1	721	0			90.01
91.00	09100	EMERGENCY	5	31,566	2,025			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	12	1,997	0			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	355,808	257,232	40,511	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
193.00	19300	NONPAID WORKERS	0	0	0			193.00
194.00	07950	DEVELOPMENT	0	0	0			194.00
194.01	07951	NON ALLOWABLE HOSPICE	37	0	0			194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0			194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0			194.03
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	355,845	257,232	40,511	0	0	202.00

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	RADIOLOGY PARAMEDICAL	Subtotal	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			APPRV	APPRV				
			21.00	22.00	23.00	23.01	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
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	500,600					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		123,477				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
23.01	02301	RADIOLOGY PARAMEDICAL				0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					5,362,127	30.00
31.00	03100	INTENSIVE CARE UNIT					1,536,494	31.00
41.00	04100	SUBPROVIDER - IRF					427,567	41.00
43.00	04300	NURSERY					233,824	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					2,221,610	50.00
50.01	05001	SURGICENTER					0	50.01
50.02	05002	SURGERY RECOVERY CENTER					17,610	50.02
51.00	05100	RECOVERY ROOM					164,545	51.00
53.00	05300	ANESTHESIOLOGY					259,234	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					1,338,021	54.00
54.01	05401	BREAST DIAGNOSIS CENTER					224,738	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC					288,607	55.00
56.00	05600	RADIOISOTOPE					106,934	56.00
57.00	05700	CT SCAN					121,003	57.00
58.00	05800	MRI					179,201	58.00
59.00	05900	CARDIAC CATHETERIZATION					511,921	59.00
60.00	06000	LABORATORY					1,108,930	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS					0	62.30
65.00	06500	RESPIRATORY THERAPY					203,854	65.00
65.01	06501	SLEEP LAB					44,544	65.01
66.00	06600	PHYSICAL THERAPY					579,325	66.00
66.01	06601	OP PHYSICAL THERAPY					45,048	66.01
66.02	06602	OP THERAPY SERVICES					64,238	66.02
67.00	06700	OCCUPATIONAL THERAPY					214,163	67.00
68.00	06800	SPEECH PATHOLOGY					45,046	68.00
69.00	06900	ELECTROCARDIOLOGY					864,493	69.00
69.01	06901	EP LAB					0	69.01
69.02	03650	VASCULAR SERVICES					0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY					36,397	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					771,794	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					400,099	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					766,120	73.00
74.00	07400	RENAL DIALYSIS					73,317	74.00
75.00	07500	ASC (NON-DISTINCT PART)					796,927	75.00
76.00	03951	WOUND CARE					0	76.00
76.01	03952	OP ONCOLOGY					214,407	76.01
76.97	07697	CARDIAC REHABILITATION					38,781	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					0	76.98
76.99	07699	LITHOTRIPSY					0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC					128,580	90.00
90.01	09001	URGENT CARE CENTER					89,189	90.01
91.00	09100	EMERGENCY					1,491,737	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY					120,137	101.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	RADIOLOGY PARAMEDICAL	Subtotal	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	23.01	24.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	21,090,562	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					179,108	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES					2,391,312	192.00
193.00	19300	NONPAID WORKERS					188,901	193.00
194.00	07950	DEVELOPMENT					4	194.00
194.01	07951	NON ALLOWABLE HOSPICE					260,760	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS					0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS					0	194.03
200.00		Cross Foot Adjustments	500,600	123,477	0	0	624,077	200.00
201.00		Negative Cost Centers	0	0	0	0	114,458	201.00
202.00		TOTAL (sum lines 118 through 201)	500,600	123,477	0	0	24,849,182	202.00

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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
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
23.01	02301	RADIOLOGY PARAMEDICAL			23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	5,362,127	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,536,494	31.00
41.00	04100	SUBPROVIDER - IRF	0	427,567	41.00
43.00	04300	NURSERY	0	233,824	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,221,610	50.00
50.01	05001	SURGICENTER	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	17,610	50.02
51.00	05100	RECOVERY ROOM	0	164,545	51.00
53.00	05300	ANESTHESIOLOGY	0	259,234	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,338,021	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	224,738	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	288,607	55.00
56.00	05600	RADIOISOTOPE	0	106,934	56.00
57.00	05700	CT SCAN	0	121,003	57.00
58.00	05800	MRI	0	179,201	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	511,921	59.00
60.00	06000	LABORATORY	0	1,108,930	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	203,854	65.00
65.01	06501	SLEEP LAB	0	44,544	65.01
66.00	06600	PHYSICAL THERAPY	0	579,325	66.00
66.01	06601	OP PHYSICAL THERAPY	0	45,048	66.01
66.02	06602	OP THERAPY SERVICES	0	64,238	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	214,163	67.00
68.00	06800	SPEECH PATHOLOGY	0	45,046	68.00
69.00	06900	ELECTROCARDIOLOGY	0	864,493	69.00
69.01	06901	EP LAB	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	36,397	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	771,794	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	400,099	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	766,120	73.00
74.00	07400	RENAL DIALYSIS	0	73,317	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	796,927	75.00
76.00	03951	WOUND CARE	0	0	76.00
76.01	03952	OP ONCOLOGY	0	214,407	76.01
76.97	07697	CARDIAC REHABILITATION	0	38,781	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	128,580	90.00
90.01	09001	URGENT CARE CENTER	0	89,189	90.01
91.00	09100	EMERGENCY	0	1,491,737	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	120,137	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/23/2020 10:56 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	DEVELOPMENT	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	194.03
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0172

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

Worksheet B-1

Date/Time Prepared:
7/23/2020 10:56 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,057,184					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,057,184				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,102	3,102	110,178,401			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	117,511	117,511	25,428,910	-62,506,991	212,649,788	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	165,421	165,421	2,181,902	0	14,576,380	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,605	4,605	166,949	0	1,293,732	8.00
9.00	00900	HOUSEKEEPING	22,170	22,170	2,721,449	0	4,868,499	9.00
10.00	01000	DIETARY	7,850	7,850	615,118	0	953,229	10.00
11.00	01100	CAFETERIA	28,158	28,158	1,503,672	0	2,290,698	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,077	2,077	1,258,828	0	1,769,949	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	41,161	41,161	0	0	615,146	14.00
15.00	01500	PHARMACY	7,752	7,752	3,264,193	0	4,941,509	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,020	6,020	1,037,630	0	3,574,229	16.00
17.00	01700	SOCIAL SERVICE	599	599	560,911	0	752,175	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	8,380	8,380	6,125,045	0	6,470,787	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	473,056	0	5,079,921	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	148,657	148,657	19,268,171	0	29,417,096	30.00
31.00	03100	INTENSIVE CARE UNIT	40,984	40,984	6,869,409	0	10,580,524	31.00
41.00	04100	SUBPROVIDER - IRF	11,235	11,235	1,898,074	0	2,834,677	41.00
43.00	04300	NURSERY	6,285	6,285	1,285,961	0	1,969,977	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	74,129	74,129	3,870,210	0	6,750,350	50.00
50.01	05001	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	699,951	50.02
51.00	05100	RECOVERY ROOM	4,753	4,753	830,529	0	1,096,910	51.00
53.00	05300	ANESTHESIOLOGY	8,359	8,359	17,134	0	592,560	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,308	45,308	2,058,782	0	3,640,679	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	7,300	7,300	519,903	0	856,454	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,949	8,949	776,895	0	1,485,774	55.00
56.00	05600	RADIOISOTOPE	3,090	3,090	465,025	0	684,883	56.00
57.00	05700	CT SCAN	2,098	2,098	913,672	0	1,317,407	57.00
58.00	05800	MRI	5,344	5,344	626,199	0	1,014,363	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,885	12,885	1,595,931	0	2,768,786	59.00
60.00	06000	LABORATORY	29,879	29,879	0	0	10,307,145	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,155	4,155	1,852,728	0	2,521,989	65.00
65.01	06501	SLEEP LAB	1,000	1,000	339,417	0	497,999	65.01
66.00	06600	PHYSICAL THERAPY	18,157	18,157	16,661	0	3,560,200	66.00
66.01	06601	OP PHYSICAL THERAPY	500	500	0	0	1,212,019	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	0	2,503,896	66.02
67.00	06700	OCCUPATIONAL THERAPY	6,629	6,629	0	0	1,373,246	67.00
68.00	06800	SPEECH PATHOLOGY	1,044	1,044	387,402	0	536,234	68.00
69.00	06900	ELECTROCARDIOLOGY	29,408	29,408	1,122,440	0	2,129,022	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,047	1,047	121,372	0	206,859	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	11,863,338	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,566,127	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	209,902	0	15,812,225	73.00
74.00	07400	RENAL DIALYSIS	1,047	1,047	0	0	1,785,436	74.00
75.00	07500	ASC (NON-DISTINCT PART)	27,296	27,296	739,163	0	1,538,602	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	3,721	3,721	2,915,923	0	4,076,522	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	884,092	0	1,203,966	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,500	2,500	878,816	0	2,105,025	90.00
90.01	09001	URGENT CARE CENTER	0	0	1,354,384	0	1,856,386	90.01
91.00	09100	EMERGENCY	38,369	38,369	7,685,476	0	12,088,019	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0172

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

Worksheet B-1

Date/Time Prepared:
7/23/2020 10:56 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00				
	OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	2,274,406	0	3,867,792	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	958,934	958,934	107,115,740	-62,506,991	200,509,232	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,279	6,279	39,320	0	376,240	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	76,161	76,161	3,012,653	0	11,410,202	192.00
193.00	19300	NONPAID WORKERS	6,881	6,881	10,688	0	166,677	193.00
194.00	07950	DEVELOPMENT	0	0	0	0	176	194.00
194.01	07951	NON ALLOWABLE HOSPICE	8,929	8,929	0	0	187,261	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	12,158,744	10,012,810	3,057,877		62,506,991	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.501067	9.471208	0.027754		0.293943	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			65,056		5,157,156	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000590		0.024252	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: 14-0172

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

Worksheet B-1

Date/Time Prepared:
7/23/2020 10:56 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	771,150				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,605	51,442			8.00
9.00	00900	HOUSEKEEPING	0	22,170	0	744,375		9.00
10.00	01000	DIETARY	0	7,850	0	7,850	51,442	10.00
11.00	01100	CAFETERIA	0	28,158	0	28,158	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,077	0	2,077	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	41,161	0	41,161	0	14.00
15.00	01500	PHARMACY	0	7,752	0	7,752	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,020	0	6,020	0	16.00
17.00	01700	SOCIAL SERVICE	0	599	0	599	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	8,380	0	8,380	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	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	148,657	37,430	148,657	37,430	30.00
31.00	03100	INTENSIVE CARE UNIT	0	40,984	8,312	40,984	8,312	31.00
41.00	04100	SUBPROVIDER - IRF	0	11,235	3,522	11,235	3,522	41.00
43.00	04300	NURSERY	0	6,285	0	6,285	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	74,129	0	74,129	0	50.00
50.01	05001	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	4,753	0	4,753	0	51.00
53.00	05300	ANESTHESIOLOGY	0	8,359	0	8,359	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,308	0	45,308	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	7,300	0	7,300	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,949	0	8,949	0	55.00
56.00	05600	RADIOISOTOPE	0	3,090	0	3,090	0	56.00
57.00	05700	CT SCAN	0	2,098	0	2,098	0	57.00
58.00	05800	MRI	0	5,344	0	5,344	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,885	0	12,885	0	59.00
60.00	06000	LABORATORY	0	29,879	0	29,879	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	4,155	0	4,155	0	65.00
65.01	06501	SLEEP LAB	0	1,000	0	1,000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	18,157	0	18,157	0	66.00
66.01	06601	OP PHYSICAL THERAPY	0	500	0	500	0	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	6,629	0	6,629	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,044	0	1,044	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	29,408	0	29,408	0	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,047	0	1,047	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	1,047	0	1,047	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	27,296	0	27,296	0	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	0	3,721	0	3,721	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	2,500	0	2,500	0	90.00
90.01	09001	URGENT CARE CENTER	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	38,369	0	38,369	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0172

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

Worksheet B-1

Date/Time Prepared:
7/23/2020 10:56 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	672,900	49,264	646,125	49,264	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,279	0	6,279	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	76,161	0	76,161	0	192.00
193.00	19300	NONPAID WORKERS	0	6,881	0	6,881	0	193.00
194.00	07950	DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	NON ALLOWABLE HOSPICE	0	8,929	2,178	8,929	2,178	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	18,861,005	1,786,645	6,841,800	1,497,574	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	24.458283	34.731251	9.191335	29.111893	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	3,824,049	150,887	694,572	234,365	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	4.958891	2.933148	0.933094	4.555908	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: 14-0172

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

Worksheet B-1

Date/Time Prepared:
7/23/2020 10:56 pm

Cost Center Description			CAFETERIA (PROD FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURS DIRECT FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUI)	PHARMACY (COSTED REQUI)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,359,223					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	25,593	0	1,454,244			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	27,830,019		14.00
15.00	01500	PHARMACY	74,956	0	0	0	15,643,759	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	23,841	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	16,931	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	333,569	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	0	23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	654,173	0	654,173	1,043,118	962	30.00
31.00	03100	INTENSIVE CARE UNIT	184,954	0	184,954	612,128	76	31.00
41.00	04100	SUBPROVIDER - IRF	57,110	0	57,110	46,240	0	41.00
43.00	04300	NURSERY	35,787	0	35,787	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	111,589	0	111,589	0	11,360	50.00
50.01	05001	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	3,176	0	50.02
51.00	05100	RECOVERY ROOM	16,839	0	16,839	1,774	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	390,926	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,745	0	0	443	389	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	16,553	0	0	36	52	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	17,996	0	0	35,199	169	55.00
56.00	05600	RADIOISOTOPE	10,093	0	0	0	111	56.00
57.00	05700	CT SCAN	23,803	0	0	0	537	57.00
58.00	05800	MRI	15,000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	39,025	0	0	2,050,756	448	59.00
60.00	06000	LABORATORY	0	0	0	867,721	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	56,109	0	56,109	0	18,698	65.00
65.01	06501	SLEEP LAB	10,853	0	0	11,936	0	65.01
66.00	06600	PHYSICAL THERAPY	874	0	0	13,438	53	66.00
66.01	06601	OP PHYSICAL THERAPY	0	0	0	5,400	29	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	13,825	33	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	26,146	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,820	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	29,296	0	29,296	47,210	266	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	4,208	0	4,208	25,967	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,108,063	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,566,127	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	30,326	15,506,245	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	19,185	334	74.00
75.00	07500	ASC (NON-DISTINCT PART)	53,205	0	53,205	68,980	0	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	17,384	0	17,384	52,779	12,922	76.01
76.97	07697	CARDIAC REHABILITATION	23,950	0	0	6,536	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	17,458	0	0	14,234	88,665	90.00
90.01	09001	URGENT CARE CENTER	46,018	0	0	740,989	46	90.01
91.00	09100	EMERGENCY	233,590	0	233,590	879,925	213	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	54,488	0	0	116,434	514	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0172

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

Worksheet B-1

Date/Time Prepared:
7/23/2020 10:56 pm

Cost Center Description		CAFETERIA (PROD FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURS DIRECT FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUI)	PHARMACY (COSTED REQUI)	
		11.00	12.00	13.00	14.00	15.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,269,810	0	1,454,244	26,799,017	15,642,122
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,712	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	85,701	0	0	1,031,002	20
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	DEVELOPMENT	0	0	0	0	0
194.01	07951	NON ALLOWABLE HOSPICE	0	0	0	0	1,617
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
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)	3,911,539	0	2,402,536	2,181,016	6,779,158
203.00		Unit cost multiplier (Wkst. B, Part I)	1.657978	0.000000	1.652086	0.078369	0.433346
204.00		Cost to be allocated (per Wkst. B, Part II)	812,884	0	108,284	1,120,678	355,845
205.00		Unit cost multiplier (Wkst. B, Part II)	0.344556	0.000000	0.074461	0.036156	0.022747
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: 14-0172

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

Worksheet B-1

Date/Time Prepared:
7/23/2020 10:56 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,246,054,089					16.00
17.00	01700	SOCIAL SERVICE	0	48,162				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			187,824	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01	02301	RADIOLOGY PARAMEDICAL	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	108,515,683	34,819	0	0	184,954	30.00
31.00	03100	INTENSIVE CARE UNIT	29,759,914	8,113	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	7,419,360	2,822	0	0	2,870	41.00
43.00	04300	NURSERY	7,041,700	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	83,402,836	0	0	0	0	50.00
50.01	05001	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	2,523,047	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	12,844,160	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	29,906,318	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,810,226	0	0	0	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	8,954,430	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	20,536,248	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	17,277,400	0	0	0	0	56.00
57.00	05700	CT SCAN	116,206,450	0	0	0	0	57.00
58.00	05800	MRI	26,706,359	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	48,937,405	0	0	0	0	59.00
60.00	06000	LABORATORY	120,927,640	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	29,325,489	0	0	0	0	65.00
65.01	06501	SLEEP LAB	5,980,100	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	21,409,991	0	0	0	0	66.00
66.01	06601	OP PHYSICAL THERAPY	9,830,540	0	0	0	0	66.01
66.02	06602	OP THERAPY SERVICES	14,626,090	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	8,890,533	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,529,991	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	39,743,946	0	0	0	0	69.00
69.01	06901	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	2,327,073	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	49,277,790	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,757,831	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	139,351,806	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,765,750	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,351,870	0	0	0	0	75.00
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	21,243,661	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	2,776,777	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,319,240	0	0	0	0	90.00
90.01	09001	URGENT CARE CENTER	3,501,248	0	0	0	0	90.01
91.00	09100	EMERGENCY	150,580,333	2,408	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0172

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

Worksheet B-1

Date/Time Prepared:
7/23/2020 10:56 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS	SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00		
OTHER REIMBURSABLE COST CENTERS								
101.00	10100 HOME HEALTH AGENCY	9,694,854	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300 INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,246,054,089	48,162	0	0	187,824		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0		190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0		192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0		193.00
194.00	07950 DEVELOPMENT	0	0	0	0	0		194.00
194.01	07951 NON ALLOWABLE HOSPICE	0	0	0	0	0		194.01
194.02	07952 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0		194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0		194.03
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers							201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,866,948	1,022,198	0	0	9,207,863		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.003906	21.224160	0.000000	0.000000	49.023889		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	257,232	40,511	0	0	500,600		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000206	0.841140	0.000000	0.000000	2.665261		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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0172

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

Worksheet B-1

Date/Time Prepared:
7/23/2020 10:56 pm

Cost Center Description			INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	RADIOLOGY PARAMEDICAL (TIME SPENT)	
			22.00	23.00	23.01	
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
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	187,824			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0		23.00
23.01	02301	RADIOLOGY PARAMEDICAL			0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	184,954	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	2,870	0	0	41.00
43.00	04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50.00
50.01	05001	SURGICENTER	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
66.01	06601	OP PHYSICAL THERAPY	0	0	0	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	66.02
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	EP LAB	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	69.02
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
76.00	03951	WOUND CARE	0	0	0	76.00
76.01	03952	OP ONCOLOGY	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	URGENT CARE CENTER	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet B-1
Date/Time Prepared:
7/23/2020 10:56 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	RADIOLOGY PARAMEDICAL (TIME SPENT)	
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		22.00	23.00	23.01	
OTHER REIMBURSABLE COST CENTERS					
101.00	10100 HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	187,824	0	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	193.00
194.00	07950 DEVELOPMENT	0	0	0	194.00
194.01	07951 NON ALLOWABLE HOSPICE	0	0	0	194.01
194.02	07952 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.03
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,573,128	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	34.996209	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	123,477	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.657408	0.000000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/23/2020 10:56 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	48,866,407		48,866,407	1,362,707	50,229,114 30.00
31.00	03100 INTENSIVE CARE UNIT	16,549,004		16,549,004	1,325,739	17,874,743 31.00
41.00	04100 SUBPROVIDER - IRF	4,552,356		4,552,356	0	4,552,356 41.00
43.00	04300 NURSERY	2,906,488		2,906,488	0	2,906,488 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	11,929,041		11,929,041	245,335	12,174,376 50.00
50.01	05001 SURGICENTER	0		0	0	0 50.01
50.02	05002 SURGERY RECOVERY CENTER	915,801		915,801	1,860	917,661 50.02
51.00	05100 RECOVERY ROOM	1,685,321		1,685,321	0	1,685,321 51.00
53.00	05300 ANESTHESIOLOGY	1,195,466		1,195,466	0	1,195,466 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,557,769		6,557,769	0	6,557,769 54.00
54.01	05401 BREAST DIAGNOSIS CENTER	1,416,292		1,416,292	0	1,416,292 54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	2,336,521		2,336,521	0	2,336,521 55.00
56.00	05600 RADIOISOTOPE	1,074,445		1,074,445	0	1,074,445 56.00
57.00	05700 CT SCAN	2,268,846		2,268,846	0	2,268,846 57.00
58.00	05800 MRI	1,621,536		1,621,536	0	1,621,536 58.00
59.00	05900 CARDIAC CATHETERIZATION	4,432,989		4,432,989	0	4,432,989 59.00
60.00	06000 LABORATORY	14,882,620		14,882,620	0	14,882,620 60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0 62.30
65.00	06500 RESPIRATORY THERAPY	3,711,496	0	3,711,496	0	3,711,496 65.00
65.01	06501 SLEEP LAB	720,318	0	720,318	6,672	726,990 65.01
66.00	06600 PHYSICAL THERAPY	5,303,824	0	5,303,824	0	5,303,824 66.00
66.01	06601 OP PHYSICAL THERAPY	1,623,943	0	1,623,943	0	1,623,943 66.01
66.02	06602 OP THERAPY SERVICES	3,298,126	0	3,298,126	0	3,298,126 66.02
67.00	06700 OCCUPATIONAL THERAPY	2,036,740	0	2,036,740	0	2,036,740 67.00
68.00	06800 SPEECH PATHOLOGY	757,397	0	757,397	0	757,397 68.00
69.00	06900 ELECTROCARDIOLOGY	4,000,428		4,000,428	10,707	4,011,135 69.00
69.01	06901 EP LAB	0		0	0	0 69.01
69.02	03650 VASCULAR SERVICES	0		0	0	0 69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	327,949		327,949	0	327,949 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	16,570,231		16,570,231	0	16,570,231 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	9,076,231		9,076,231	0	9,076,231 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	27,726,367		27,726,367	0	27,726,367 73.00
74.00	07400 RENAL DIALYSIS	2,369,653		2,369,653	0	2,369,653 74.00
75.00	07500 ASC (NON-DISTINCT PART)	3,111,785		3,111,785	0	3,111,785 75.00
76.00	03951 WOUND CARE	0		0	0	0 76.00
76.01	03952 OP ONCOLOGY	5,550,253		5,550,253	0	5,550,253 76.01
76.97	07697 CARDIAC REHABILITATION	1,608,930		1,608,930	0	1,608,930 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0		0	0	0 76.98
76.99	07699 LITHOTRIPSY	0		0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	2,901,073		2,901,073	0	2,901,073 90.00
90.01	09001 URGENT CARE CENTER	2,550,122		2,550,122	203,395	2,753,517 90.01
91.00	09100 EMERGENCY	18,413,696		18,413,696	403,400	18,817,096 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	10,079,368		10,079,368		10,079,368 92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	5,142,258		5,142,258		5,142,258 101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					
200.00	Subtotal (see instructions)	250,071,090	0	250,071,090	3,559,815	253,630,905 200.00
201.00	Less Observation Beds	10,079,368		10,079,368		10,079,368 201.00
202.00	Total (see instructions)	239,991,722	0	239,991,722	3,559,815	243,551,537 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/23/2020 10:56 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	93,177,036		93,177,036		30.00
31.00	03100	INTENSIVE CARE UNIT	29,759,914		29,759,914		31.00
41.00	04100	SUBPROVIDER - IRF	7,419,360		7,419,360		41.00
43.00	04300	NURSERY	7,041,700		7,041,700		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	33,281,196	50,121,640	83,402,836	0.143029	0.000000
50.01	05001	SURGICENTER	0	0	0	0.000000	0.000000
50.02	05002	SURGERY RECOVERY CENTER	2,523,047	0	2,523,047	0.362974	0.000000
51.00	05100	RECOVERY ROOM	4,761,890	8,082,270	12,844,160	0.131213	0.000000
53.00	05300	ANESTHESIOLOGY	9,882,110	20,024,208	29,906,318	0.039974	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,505,187	38,305,039	58,810,226	0.111507	0.000000
54.01	05401	BREAST DIAGNOSIS CENTER	1,850	8,952,580	8,954,430	0.158167	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	631,066	19,905,182	20,536,248	0.113775	0.000000
56.00	05600	RADIOISOTOPE	3,101,190	14,176,210	17,277,400	0.062188	0.000000
57.00	05700	CT SCAN	36,721,807	79,484,643	116,206,450	0.019524	0.000000
58.00	05800	MRI	7,019,489	19,686,870	26,706,359	0.060717	0.000000
59.00	05900	CARDIAC CATHETERIZATION	24,677,471	24,259,934	48,937,405	0.090585	0.000000
60.00	06000	LABORATORY	71,725,178	49,202,462	120,927,640	0.123070	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	25,638,219	3,687,270	29,325,489	0.126562	0.000000
65.01	06501	SLEEP LAB	14,400	5,965,700	5,980,100	0.120453	0.000000
66.00	06600	PHYSICAL THERAPY	6,390,127	15,019,864	21,409,991	0.124727	0.000000
66.01	06601	OP PHYSICAL THERAPY	0	9,830,540	9,830,540	0.165194	0.000000
66.02	06602	OP THERAPY SERVICES	5,650	14,620,440	14,626,090	0.225496	0.000000
67.00	06700	OCCUPATIONAL THERAPY	5,563,395	3,327,138	8,890,533	0.229091	0.000000
68.00	06800	SPEECH PATHOLOGY	2,844,301	685,690	3,529,991	0.214561	0.000000
69.00	06900	ELECTROCARDIOLOGY	16,158,838	23,585,108	39,743,946	0.100655	0.000000
69.01	06901	EP LAB	0	0	0	0.000000	0.000000
69.02	03650	VASCULAR SERVICES	0	0	0	0.000000	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	712,817	1,614,256	2,327,073	0.140928	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	25,350,196	23,927,594	49,277,790	0.336262	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,465,667	4,292,164	16,757,831	0.541611	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	42,160,041	97,191,765	139,351,806	0.198967	0.000000
74.00	07400	RENAL DIALYSIS	4,942,390	823,360	5,765,750	0.410988	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	92,440	5,259,430	5,351,870	0.581439	0.000000
76.00	03951	WOUND CARE	0	0	0	0.000000	0.000000
76.01	03952	OP ONCOLOGY	142,376	21,101,285	21,243,661	0.261266	0.000000
76.97	07697	CARDIAC REHABILITATION	35,210	2,741,567	2,776,777	0.579424	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	60,490	6,258,750	6,319,240	0.459086	0.000000
90.01	09001	URGENT CARE CENTER	15,004	3,486,244	3,501,248	0.728347	0.000000
91.00	09100	EMERGENCY	36,007,570	114,572,763	150,580,333	0.122285	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,778,561	11,560,086	15,338,647	0.657122	0.000000
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	9,694,854	9,694,854		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	534,607,183	711,446,906	1,246,054,089		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	534,607,183	711,446,906	1,246,054,089		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0172	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 7/23/2020 10:56 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.145971		50.00
50.01	05001	SURGICENTER	0.000000		50.01
50.02	05002	SURGERY RECOVERY CENTER	0.363711		50.02
51.00	05100	RECOVERY ROOM	0.131213		51.00
53.00	05300	ANESTHESIOLOGY	0.039974		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.111507		54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0.158167		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.113775		55.00
56.00	05600	RADIOISOTOPE	0.062188		56.00
57.00	05700	CT SCAN	0.019524		57.00
58.00	05800	MRI	0.060717		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.090585		59.00
60.00	06000	LABORATORY	0.123070		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.126562		65.00
65.01	06501	SLEEP LAB	0.121568		65.01
66.00	06600	PHYSICAL THERAPY	0.247727		66.00
66.01	06601	OP PHYSICAL THERAPY	0.165194		66.01
66.02	06602	OP THERAPY SERVICES	0.225496		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.229091		67.00
68.00	06800	SPEECH PATHOLOGY	0.214561		68.00
69.00	06900	ELECTROCARDIOLOGY	0.100924		69.00
69.01	06901	EP LAB	0.000000		69.01
69.02	03650	VASCULAR SERVICES	0.000000		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.140928		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.336262		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.541611		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.198967		73.00
74.00	07400	RENAL DIALYSIS	0.410988		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.581439		75.00
76.00	03951	WOUND CARE	0.000000		76.00
76.01	03952	OP ONCOLOGY	0.261266		76.01
76.97	07697	CARDIAC REHABILITATION	0.579424		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.459086		90.00
90.01	09001	URGENT CARE CENTER	0.786439		90.01
91.00	09100	EMERGENCY	0.124964		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.657122		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
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: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/23/2020 10:56 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs		
						RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	64,406,260		64,406,260	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	16,549,004		16,549,004	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	4,793,494		4,793,494	0	0	41.00
43.00	04300	NURSERY	2,906,488		2,906,488	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,929,041		11,929,041	0	0	50.00
50.01	05001	SURGICENTER	0		0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	915,801		915,801	0	0	50.02
51.00	05100	RECOVERY ROOM	1,685,321		1,685,321	0	0	51.00
53.00	05300	ANESTHESIOLOGY	1,195,466		1,195,466	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,557,769		6,557,769	0	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	1,416,292		1,416,292	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,336,521		2,336,521	0	0	55.00
56.00	05600	RADIOISOTOPE	1,074,445		1,074,445	0	0	56.00
57.00	05700	CT SCAN	2,268,846		2,268,846	0	0	57.00
58.00	05800	MRI	1,621,536		1,621,536	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,432,989		4,432,989	0	0	59.00
60.00	06000	LABORATORY	14,882,620		14,882,620	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,711,496	0	3,711,496	0	0	65.00
65.01	06501	SLEEP LAB	720,318	0	720,318	0	0	65.01
66.00	06600	PHYSICAL THERAPY	5,303,824	0	5,303,824	0	0	66.00
66.01	06601	OP PHYSICAL THERAPY	1,623,943	0	1,623,943	0	0	66.01
66.02	06602	OP THERAPY SERVICES	3,298,126	0	3,298,126	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,036,740	0	2,036,740	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	757,397	0	757,397	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,000,428		4,000,428	0	0	69.00
69.01	06901	EP LAB	0		0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0		0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	327,949		327,949	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,570,231		16,570,231	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,076,231		9,076,231	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,726,367		27,726,367	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,369,653		2,369,653	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,111,785		3,111,785	0	0	75.00
76.00	03951	WOUND CARE	0		0	0	0	76.00
76.01	03952	OP ONCOLOGY	5,550,253		5,550,253	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	1,608,930		1,608,930	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,901,073		2,901,073	0	0	90.00
90.01	09001	URGENT CARE CENTER	2,550,122		2,550,122	0	0	90.01
91.00	09100	EMERGENCY	18,413,696		18,413,696	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	12,924,292		12,924,292		0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	5,142,258		5,142,258		0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	268,697,005	0	268,697,005	0	0	200.00
201.00		Less Observation Beds	12,924,292		12,924,292		0	201.00
202.00		Total (see instructions)	255,772,713	0	255,772,713	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/23/2020 10:56 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	0		0		30.00
31.00	03100	INTENSIVE CARE UNIT	0		0		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	0		0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0.000000	50.00
50.01	05001	SURGICENTER	0	0	0	0.000000	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	65.00
65.01	06501	SLEEP LAB	0	0	0	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	66.00
66.01	06601	OP PHYSICAL THERAPY	0	0	0	0.000000	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
69.01	06901	EP LAB	0	0	0	0.000000	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03951	WOUND CARE	0	0	0	0.000000	76.00
76.01	03952	OP ONCOLOGY	0	0	0	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	URGENT CARE CENTER	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	0	0	0		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	0	0	0		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/23/2020 10:56 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
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	SURGICENTER	0.000000			50.01
50.02	05002	SURGERY RECOVERY CENTER	0.000000			50.02
51.00	05100	RECOVERY ROOM	0.000000			51.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0.000000			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.01	06501	SLEEP LAB	0.000000			65.01
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	OP PHYSICAL THERAPY	0.000000			66.01
66.02	06602	OP THERAPY SERVICES	0.000000			66.02
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	EP LAB	0.000000			69.01
69.02	03650	VASCULAR SERVICES	0.000000			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03951	WOUND CARE	0.000000			76.00
76.01	03952	OP ONCOLOGY	0.000000			76.01
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	URGENT CARE CENTER	0.000000			90.01
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
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: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
7/23/2020 10:56 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	5,362,127	0	5,362,127	46,355	115.68	30.00
31.00	INTENSIVE CARE UNIT	1,536,494		1,536,494	8,312	184.85	31.00
41.00	SUBPROVIDER - IRF	427,567	0	427,567	3,522	121.40	41.00
43.00	NURSERY	233,824		233,824	2,808	83.27	43.00
200.00	Total (lines 30 through 199)	7,560,012		7,560,012	60,997		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	18,525	2,142,972				30.00
31.00	INTENSIVE CARE UNIT	2,789	515,547				31.00
41.00	SUBPROVIDER - IRF	2,568	311,755				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	23,882	2,970,274				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part II
Date/Time Prepared:
7/23/2020 10:56 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,221,610	83,402,836	0.026637	13,732,941	365,804	50.00
50.01	05001	SURGICENTER	0	0	0.000000	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	17,610	2,523,047	0.006980	0	0	50.02
51.00	05100	RECOVERY ROOM	164,545	12,844,160	0.012811	1,821,031	23,329	51.00
53.00	05300	ANESTHESIOLOGY	259,234	29,906,318	0.008668	3,684,515	31,937	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,338,021	58,810,226	0.022752	9,609,340	218,632	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	224,738	8,954,430	0.025098	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	288,607	20,536,248	0.014054	364,295	5,120	55.00
56.00	05600	RADIOISOTOPE	106,934	17,277,400	0.006189	1,855,365	11,483	56.00
57.00	05700	CT SCAN	121,003	116,206,450	0.001041	18,523,187	19,283	57.00
58.00	05800	MRI	179,201	26,706,359	0.006710	3,677,783	24,678	58.00
59.00	05900	CARDIAC CATHETERIZATION	511,921	48,937,405	0.010461	12,442,960	130,166	59.00
60.00	06000	LABORATORY	1,108,930	120,927,640	0.009170	32,123,949	294,577	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	203,854	29,325,489	0.006951	11,532,992	80,166	65.00
65.01	06501	SLEEP LAB	44,544	5,980,100	0.007449	0	0	65.01
66.00	06600	PHYSICAL THERAPY	579,325	21,409,991	0.027059	1,940,250	52,501	66.00
66.01	06601	OP PHYSICAL THERAPY	45,048	9,830,540	0.004582	0	0	66.01
66.02	06602	OP THERAPY SERVICES	64,238	14,626,090	0.004392	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	214,163	8,890,533	0.024089	1,405,351	33,854	67.00
68.00	06800	SPEECH PATHOLOGY	45,046	3,529,991	0.012761	1,166,380	14,884	68.00
69.00	06900	ELECTROCARDIOLOGY	864,493	39,743,946	0.021752	7,853,421	170,828	69.00
69.01	06901	EP LAB	0	0	0.000000	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0.000000	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	36,397	2,327,073	0.015641	335,500	5,248	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	771,794	49,277,790	0.015662	8,044,927	126,000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	400,099	16,757,831	0.023875	6,937,699	165,638	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	766,120	139,351,806	0.005498	17,324,472	95,250	73.00
74.00	07400	RENAL DIALYSIS	73,317	5,765,750	0.012716	2,736,442	34,797	74.00
75.00	07500	ASC (NON-DISTINCT PART)	796,927	5,351,870	0.148906	36,536	5,440	75.00
76.00	03951	WOUND CARE	0	0	0.000000	0	0	76.00
76.01	03952	OP ONCOLOGY	214,407	21,243,661	0.010093	95,670	966	76.01
76.97	07697	CARDIAC REHABILITATION	38,781	2,776,777	0.013966	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	128,580	6,319,240	0.020347	3,849	78	90.00
90.01	09001	URGENT CARE CENTER	89,189	3,501,248	0.025473	0	0	90.01
91.00	09100	EMERGENCY	1,491,737	150,580,333	0.009907	20,300,099	201,113	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,076,003	15,338,647	0.070150	1,508,971	105,854	92.00
200.00		Total (lines 50 through 199)	14,486,416	1,098,961,225		179,057,925	2,217,626	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0172		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 7/23/2020 10:56 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	0	200.00
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	46,355	0.00	18,525	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	8,312	0.00	2,789	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	3,522	0.00	2,568	41.00		
43.00	04300	NURSERY	0	0	2,808	0.00	0	43.00		
200.00		Total (lines 30 through 199)	0	0	60,997		23,882	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
41.00	04100	SUBPROVIDER - IRF	0							41.00
43.00	04300	NURSERY	0							43.00
200.00		Total (lines 30 through 199)	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0172		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/23/2020 10:56 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	SURGICENTER	0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	OP PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	0	0	66.02
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	EP LAB	0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
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
76.00	03951	WOUND CARE	0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	URGENT CARE CENTER	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
7/23/2020 10:56 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	83,402,836	0.000000 50.00
50.01	05001	SURGICENTER	0	0	0	0	0.000000 50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	2,523,047	0.000000 50.02
51.00	05100	RECOVERY ROOM	0	0	0	12,844,160	0.000000 51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	29,906,318	0.000000 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	58,810,226	0.000000 54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	0	0	8,954,430	0.000000 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	20,536,248	0.000000 55.00
56.00	05600	RADIOISOTOPE	0	0	0	17,277,400	0.000000 56.00
57.00	05700	CT SCAN	0	0	0	116,206,450	0.000000 57.00
58.00	05800	MRI	0	0	0	26,706,359	0.000000 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	48,937,405	0.000000 59.00
60.00	06000	LABORATORY	0	0	0	120,927,640	0.000000 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000 62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	29,325,489	0.000000 65.00
65.01	06501	SLEEP LAB	0	0	0	5,980,100	0.000000 65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	21,409,991	0.000000 66.00
66.01	06601	OP PHYSICAL THERAPY	0	0	0	9,830,540	0.000000 66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	14,626,090	0.000000 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,890,533	0.000000 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,529,991	0.000000 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	39,743,946	0.000000 69.00
69.01	06901	EP LAB	0	0	0	0	0.000000 69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	0.000000 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,327,073	0.000000 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	49,277,790	0.000000 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,757,831	0.000000 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	139,351,806	0.000000 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,765,750	0.000000 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	5,351,870	0.000000 75.00
76.00	03951	WOUND CARE	0	0	0	0	0.000000 76.00
76.01	03952	OP ONCOLOGY	0	0	0	21,243,661	0.000000 76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,776,777	0.000000 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	6,319,240	0.000000 90.00
90.01	09001	URGENT CARE CENTER	0	0	0	3,501,248	0.000000 90.01
91.00	09100	EMERGENCY	0	0	0	150,580,333	0.000000 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	15,338,647	0.000000 92.00
200.00		Total (lines 50 through 199)	0	0	0	1,098,961,225	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0172		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/23/2020 10:56 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	13,732,941	0	14,087,275	0	50.00
50.01	05001	SURGICENTER		0.000000	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER		0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0.000000	1,821,031	0	2,082,759	0	51.00
53.00	05300	ANESTHESIOLOGY		0.000000	3,684,515	0	5,183,437	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	9,609,340	0	8,842,823	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER		0.000000	0	0	990,203	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	364,295	0	8,583,547	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	1,855,365	0	7,018,340	0	56.00
57.00	05700	CT SCAN		0.000000	18,523,187	0	21,026,826	0	57.00
58.00	05800	MRI		0.000000	3,677,783	0	5,640,214	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	12,442,960	0	11,684,413	0	59.00
60.00	06000	LABORATORY		0.000000	32,123,949	0	3,705,156	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0.000000	11,532,992	0	899,775	0	65.00
65.01	06501	SLEEP LAB		0.000000	0	0	1,779,004	0	65.01
66.00	06600	PHYSICAL THERAPY		0.000000	1,940,250	0	18,707	0	66.00
66.01	06601	OP PHYSICAL THERAPY		0.000000	0	0	7,273	0	66.01
66.02	06602	OP THERAPY SERVICES		0.000000	0	0	14,988	0	66.02
67.00	06700	OCCUPATIONAL THERAPY		0.000000	1,405,351	0	23,628	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	1,166,380	0	61,639	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	7,853,421	0	8,106,674	0	69.00
69.01	06901	EP LAB		0.000000	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES		0.000000	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	335,500	0	477,003	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	8,044,927	0	4,246,605	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	6,937,699	0	2,982,735	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	17,324,472	0	43,367,252	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	2,736,442	0	394,669	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	36,536	0	1,532,841	0	75.00
76.00	03951	WOUND CARE		0.000000	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY		0.000000	95,670	0	4,312,725	0	76.01
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	3,849	0	308,426	0	90.00
90.01	09001	URGENT CARE CENTER		0.000000	0	0	193,549	0	90.01
91.00	09100	EMERGENCY		0.000000	20,300,099	0	18,849,663	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	1,508,971	0	1,854,848	0	92.00
200.00		Total (lines 50 through 199)			179,057,925	0	178,276,997	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
7/23/2020 10:56 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	0.143029	14,087,275	0	0	2,014,889	50.00
50.01	05001	SURGICENTER	0.000000	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0.362974	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.131213	2,082,759	0	0	273,285	51.00
53.00	05300	ANESTHESIOLOGY	0.039974	5,183,437	0	0	207,203	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.111507	8,842,823	0	0	986,037	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0.158167	990,203	0	0	156,617	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.113775	8,583,547	0	0	976,593	55.00
56.00	05600	RADIOISOTOPE	0.062188	7,018,340	0	0	436,457	56.00
57.00	05700	CT SCAN	0.019524	21,026,826	0	0	410,528	57.00
58.00	05800	MRI	0.060717	5,640,214	0	0	342,457	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.090585	11,684,413	0	0	1,058,433	59.00
60.00	06000	LABORATORY	0.123070	3,705,156	0	0	455,994	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.126562	899,775	0	0	113,877	65.00
65.01	06501	SLEEP LAB	0.120453	1,779,004	0	0	214,286	65.01
66.00	06600	PHYSICAL THERAPY	0.247727	18,707	0	0	4,634	66.00
66.01	06601	OP PHYSICAL THERAPY	0.165194	7,273	0	0	1,201	66.01
66.02	06602	OP THERAPY SERVICES	0.225496	14,988	0	0	3,380	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.229091	23,628	0	0	5,413	67.00
68.00	06800	SPEECH PATHOLOGY	0.214561	61,639	0	0	13,225	68.00
69.00	06900	ELECTROCARDIOLOGY	0.100655	8,106,674	0	0	815,977	69.00
69.01	06901	EP LAB	0.000000	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0.000000	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.140928	477,003	0	0	67,223	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.336262	4,246,605	0	0	1,427,972	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.541611	2,982,735	0	0	1,615,482	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.198967	43,367,252	0	0	8,628,652	73.00
74.00	07400	RENAL DIALYSIS	0.410988	394,669	0	0	162,204	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.581439	1,532,841	0	0	891,254	75.00
76.00	03951	WOUND CARE	0.000000	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	0.261266	4,312,725	0	0	1,126,768	76.01
76.97	07697	CARDIAC REHABILITATION	0.579424	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.459086	308,426	0	0	141,594	90.00
90.01	09001	URGENT CARE CENTER	0.728347	193,549	0	0	140,971	90.01
91.00	09100	EMERGENCY	0.122285	18,849,663	0	0	2,305,031	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.657122	1,854,848	0	0	1,218,861	92.00
200.00		Subtotal (see instructions)		178,276,997	0	0	26,216,498	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		178,276,997	0	0	26,216,498	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
7/23/2020 10:56 pm

			Title XVIII		Hospital	PPS
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	SURGICENTER	0	0		50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0		50.02
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	06501	SLEEP LAB	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	OP PHYSICAL THERAPY	0	0		66.01
66.02	06602	OP THERAPY SERVICES	0	0		66.02
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	EP LAB	0	0		69.01
69.02	03650	VASCULAR SERVICES	0	0		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03951	WOUND CARE	0	0		76.00
76.01	03952	OP ONCOLOGY	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	URGENT CARE CENTER	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0172

Period:

Worksheet D

Component CCN: 14-T172

From 01/01/2019

Part II

To 12/31/2019

Date/Time Prepared:

7/23/2020 10:56 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,221,610	83,402,836	0.026637	11,154	297	50.00
50.01	05001 SURGICENTER	0	0	0.000000	0	0	50.01
50.02	05002 SURGERY RECOVERY CENTER	17,610	2,523,047	0.006980	0	0	50.02
51.00	05100 RECOVERY ROOM	164,545	12,844,160	0.012811	4,761	61	51.00
53.00	05300 ANESTHESIOLOGY	259,234	29,906,318	0.008668	4,974	43	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,338,021	58,810,226	0.022752	130,965	2,980	54.00
54.01	05401 BREAST DIAGNOSIS CENTER	224,738	8,954,430	0.025098	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	288,607	20,536,248	0.014054	6,320	89	55.00
56.00	05600 RADIOISOTOPE	106,934	17,277,400	0.006189	4,865	30	56.00
57.00	05700 CT SCAN	121,003	116,206,450	0.001041	79,692	83	57.00
58.00	05800 MRI	179,201	26,706,359	0.006710	50,214	337	58.00
59.00	05900 CARDIAC CATHETERIZATION	511,921	48,937,405	0.010461	100,953	1,056	59.00
60.00	06000 LABORATORY	1,108,930	120,927,640	0.009170	641,251	5,880	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	203,854	29,325,489	0.006951	312,647	2,173	65.00
65.01	06501 SLEEP LAB	44,544	5,980,100	0.007449	0	0	65.01
66.00	06600 PHYSICAL THERAPY	579,325	21,409,991	0.027059	1,404,405	38,002	66.00
66.01	06601 OP PHYSICAL THERAPY	45,048	9,830,540	0.004582	0	0	66.01
66.02	06602 OP THERAPY SERVICES	64,238	14,626,090	0.004392	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	214,163	8,890,533	0.024089	1,509,265	36,357	67.00
68.00	06800 SPEECH PATHOLOGY	45,046	3,529,991	0.012761	415,450	5,302	68.00
69.00	06900 ELECTROCARDIOLOGY	864,493	39,743,946	0.021752	40,555	882	69.00
69.01	06901 EP LAB	0	0	0.000000	0	0	69.01
69.02	03650 VASCULAR SERVICES	0	0	0.000000	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	36,397	2,327,073	0.015641	1,116	17	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	771,794	49,277,790	0.015662	94,766	1,484	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	400,099	16,757,831	0.023875	9,258	221	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	766,120	139,351,806	0.005498	660,653	3,632	73.00
74.00	07400 RENAL DIALYSIS	73,317	5,765,750	0.012716	138,235	1,758	74.00
75.00	07500 ASC (NON-DISTINCT PART)	796,927	5,351,870	0.148906	0	0	75.00
76.00	03951 WOUND CARE	0	0	0.000000	0	0	76.00
76.01	03952 OP ONCOLOGY	214,407	21,243,661	0.010093	515	5	76.01
76.97	07697 CARDIAC REHABILITATION	38,781	2,776,777	0.013966	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	128,580	6,319,240	0.020347	0	0	90.00
90.01	09001 URGENT CARE CENTER	89,189	3,501,248	0.025473	0	0	90.01
91.00	09100 EMERGENCY	1,491,737	150,580,333	0.009907	7,887	78	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	15,338,647	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	13,410,413	1,098,961,225		5,629,901	100,767	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0172 Component CCN: 14-T172		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/23/2020 10:56 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
50.01	05001	SURGICENTER		0	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER		0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER		0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
65.01	06501	SLEEP LAB		0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
66.01	06601	OP PHYSICAL THERAPY		0	0	0	0	0	66.01
66.02	06602	OP THERAPY SERVICES		0	0	0	0	0	66.02
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	EP LAB		0	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES		0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
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
76.00	03951	WOUND CARE		0	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY		0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	URGENT CARE CENTER		0	0	0	0	0	90.01
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0172 Component CCN: 14-T172		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/23/2020 10:56 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	83,402,836	0.000000	50.00
50.01	05001	SURGICENTER		0	0	0	0	0.000000	50.01
50.02	05002	SURGERY RECOVERY CENTER		0	0	0	2,523,047	0.000000	50.02
51.00	05100	RECOVERY ROOM		0	0	0	12,844,160	0.000000	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	29,906,318	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	58,810,226	0.000000	54.00
54.01	05401	BREAST DIAGNOSIS CENTER		0	0	0	8,954,430	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	20,536,248	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	17,277,400	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	116,206,450	0.000000	57.00
58.00	05800	MRI		0	0	0	26,706,359	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	48,937,405	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	120,927,640	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	29,325,489	0.000000	65.00
65.01	06501	SLEEP LAB		0	0	0	5,980,100	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	21,409,991	0.000000	66.00
66.01	06601	OP PHYSICAL THERAPY		0	0	0	9,830,540	0.000000	66.01
66.02	06602	OP THERAPY SERVICES		0	0	0	14,626,090	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	8,890,533	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	3,529,991	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	39,743,946	0.000000	69.00
69.01	06901	EP LAB		0	0	0	0	0.000000	69.01
69.02	03650	VASCULAR SERVICES		0	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	2,327,073	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	49,277,790	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	16,757,831	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	139,351,806	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	5,765,750	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	5,351,870	0.000000	75.00
76.00	03951	WOUND CARE		0	0	0	0	0.000000	76.00
76.01	03952	OP ONCOLOGY		0	0	0	21,243,661	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION		0	0	0	2,776,777	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	6,319,240	0.000000	90.00
90.01	09001	URGENT CARE CENTER		0	0	0	3,501,248	0.000000	90.01
91.00	09100	EMERGENCY		0	0	0	150,580,333	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	15,338,647	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	1,098,961,225		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0172 Component CCN: 14-T172		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/23/2020 10:56 pm	
				Title XVIII		Subprovider - IRF		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	11,154	0	0	0	50.00
50.01	05001	SURGICENTER		0.000000	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER		0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0.000000	4,761	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0.000000	4,974	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	130,965	0	0	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER		0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	6,320	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	4,865	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	79,692	0	0	0	57.00
58.00	05800	MRI		0.000000	50,214	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	100,953	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	641,251	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0.000000	312,647	0	0	0	65.00
65.01	06501	SLEEP LAB		0.000000	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0.000000	1,404,405	0	0	0	66.00
66.01	06601	OP PHYSICAL THERAPY		0.000000	0	0	0	0	66.01
66.02	06602	OP THERAPY SERVICES		0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY		0.000000	1,509,265	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	415,450	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	40,555	0	0	0	69.00
69.01	06901	EP LAB		0.000000	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES		0.000000	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	1,116	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	94,766	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	9,258	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	660,653	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	138,235	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03951	WOUND CARE		0.000000	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY		0.000000	515	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	URGENT CARE CENTER		0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY		0.000000	7,887	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			5,629,901	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
7/23/2020 10:56 pm

			Title XIX		Hospital	Cost	
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	5,362,127	0	5,362,127	46,355	115.68	30.00
31.00	INTENSIVE CARE UNIT	1,536,494		1,536,494	8,312	184.85	31.00
41.00	SUBPROVIDER - IRF	427,567	0	427,567	3,522	121.40	41.00
43.00	NURSERY	233,824		233,824	2,808	83.27	43.00
200.00	Total (lines 30 through 199)	7,560,012		7,560,012	60,997		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	3,404	393,775				
31.00	INTENSIVE CARE UNIT	748	138,268				
41.00	SUBPROVIDER - IRF	311	37,755				
43.00	NURSERY	984	81,938				
200.00	Total (lines 30 through 199)	5,447	651,736				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part II
Date/Time Prepared:
7/23/2020 10:56 pm

Cost Center Description		Title XIX		Hospital		Cost	
		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	2,221,610	0	0.000000	0	50.00
50.01	05001	SURGICENTER	0	0	0.000000	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	17,610	0	0.000000	0	50.02
51.00	05100	RECOVERY ROOM	164,545	0	0.000000	0	51.00
53.00	05300	ANESTHESIOLOGY	259,234	0	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,338,021	0	0.000000	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	224,738	0	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	288,607	0	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	106,934	0	0.000000	0	56.00
57.00	05700	CT SCAN	121,003	0	0.000000	0	57.00
58.00	05800	MRI	179,201	0	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	511,921	0	0.000000	0	59.00
60.00	06000	LABORATORY	1,108,930	0	0.000000	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	203,854	0	0.000000	0	65.00
65.01	06501	SLEEP LAB	44,544	0	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	579,325	0	0.000000	0	66.00
66.01	06601	OP PHYSICAL THERAPY	45,048	0	0.000000	0	66.01
66.02	06602	OP THERAPY SERVICES	64,238	0	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	214,163	0	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	45,046	0	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	864,493	0	0.000000	0	69.00
69.01	06901	EP LAB	0	0	0.000000	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0.000000	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	36,397	0	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	771,794	0	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	400,099	0	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	766,120	0	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	73,317	0	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	796,927	0	0.000000	0	75.00
76.00	03951	WOUND CARE	0	0	0.000000	0	76.00
76.01	03952	OP ONCOLOGY	214,407	0	0.000000	0	76.01
76.97	07697	CARDIAC REHABILITATION	38,781	0	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	128,580	0	0.000000	0	90.00
90.01	09001	URGENT CARE CENTER	89,189	0	0.000000	0	90.01
91.00	09100	EMERGENCY	1,491,737	0	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,076,012	0	0.000000	0	92.00
200.00		Total (lines 50 through 199)	14,486,425	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part III
Date/Time Prepared:
7/23/2020 10:56 pm

				Title XIX		Hospital		Cost		
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	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	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	46,355	0.00	3,404	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	8,312	0.00	748	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	3,522	0.00	311	41.00		
43.00	04300	NURSERY		0	2,808	0.00	984	43.00		
200.00		Total (lines 30 through 199)		0	60,997		5,447	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
41.00	04100	SUBPROVIDER - IRF	0							41.00
43.00	04300	NURSERY	0							43.00
200.00		Total (lines 30 through 199)	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0172

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

Worksheet D
Part IV
Date/Time Prepared:
7/23/2020 10:56 pm

Cost Center Description		Title XIX		Hospital		Cost	
		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	50.00
50.01	05001	SURGICENTER	0	0	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	OP PHYSICAL THERAPY	0	0	0	0	66.01
66.02	06602	OP THERAPY SERVICES	0	0	0	0	66.02
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	EP LAB	0	0	0	0	69.01
69.02	03650	VASCULAR SERVICES	0	0	0	0	69.02
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
76.00	03951	WOUND CARE	0	0	0	0	76.00
76.01	03952	OP ONCOLOGY	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	URGENT CARE CENTER	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0172		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/23/2020 10:56 pm	
				Title XIX		Hospital		Cost	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0.000000	50.00
50.01	05001	SURGICENTER		0	0	0	0	0.000000	50.01
50.02	05002	SURGERY RECOVERY CENTER		0	0	0	0	0.000000	50.02
51.00	05100	RECOVERY ROOM		0	0	0	0	0.000000	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0.000000	54.00
54.01	05401	BREAST DIAGNOSIS CENTER		0	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	0	0.000000	57.00
58.00	05800	MRI		0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	0	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0.000000	65.00
65.01	06501	SLEEP LAB		0	0	0	0	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0.000000	66.00
66.01	06601	OP PHYSICAL THERAPY		0	0	0	0	0.000000	66.01
66.02	06602	OP THERAPY SERVICES		0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0.000000	69.00
69.01	06901	EP LAB		0	0	0	0	0.000000	69.01
69.02	03650	VASCULAR SERVICES		0	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00
76.00	03951	WOUND CARE		0	0	0	0	0.000000	76.00
76.01	03952	OP ONCOLOGY		0	0	0	0	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00
90.01	09001	URGENT CARE CENTER		0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY		0	0	0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
7/23/2020 10:56 pm

				Title XIX		Hospital	Cost		
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00	
50.01	05001	SURGICENTER	0.000000	0	0	0	0	50.01	
50.02	05002	SURGERY RECOVERY CENTER	0.000000	0	0	0	0	50.02	
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00	
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00	
54.01	05401	BREAST DIAGNOSIS CENTER	0.000000	0	0	0	0	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00	
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00	
58.00	05800	MRI	0.000000	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00	
65.01	06501	SLEEP LAB	0.000000	0	0	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00	
66.01	06601	OP PHYSICAL THERAPY	0.000000	0	0	0	0	66.01	
66.02	06602	OP THERAPY SERVICES	0.000000	0	0	0	0	66.02	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00	
69.01	06901	EP LAB	0.000000	0	0	0	0	69.01	
69.02	03650	VASCULAR SERVICES	0.000000	0	0	0	0	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
76.00	03951	WOUND CARE	0.000000	0	0	0	0	76.00	
76.01	03952	OP ONCOLOGY	0.000000	0	0	0	0	76.01	
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001	URGENT CARE CENTER	0.000000	0	0	0	0	90.01	
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00	
200.00	Total (lines 50 through 199)			0	0	0	0	200.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0172	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/23/2020 10:56 pm
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		46,355	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		46,355	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)		37,053	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		18,525	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)		50,229,114	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)		50,229,114	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)		50,229,114	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)		1,083.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,073,134	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)		20,073,134	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0172

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

Worksheet D-1

Date/Time Prepared:
7/23/2020 10:56 pm

Cost Center Description		Title XVIII		Hospital		PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	17,874,743	8,312	2,150.47	2,789	5,997,661
44.00	CORONARY CARE UNIT					
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)					27,247,897
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					53,318,692
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,658,519
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,217,626
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,876,145
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					48,442,547
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)					9,302
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,083.57
89.00	Observation bed cost (line 87 x line 88) (see instructions)					10,079,368

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0172

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

Worksheet D-1

Date/Time Prepared:
7/23/2020 10:56 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	5,362,127	50,229,114	0.106753	10,079,368	1,076,003	90.00
91.00 Nursing School cost	0	50,229,114	0.000000	10,079,368	0	91.00
92.00 Allied health cost	0	50,229,114	0.000000	10,079,368	0	92.00
93.00 All other Medical Education	0	50,229,114	0.000000	10,079,368	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0172	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1
		Component CCN: 14-T172		Date/Time Prepared: 7/23/2020 10:56 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,522	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,522	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)		3,522	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		2,568	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)		4,552,356	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)		4,552,356	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)		4,552,356	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)		1,292.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,319,268	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)		3,319,268	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0172	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1
			Component CCN: 14-T172		Date/Time Prepared: 7/23/2020 10:56 pm
			Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
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)					1,163,635
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,482,903
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					311,755
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					100,767
52.00 Total Program excludable cost (sum of lines 50 and 51)					412,522
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,070,381
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)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0172 Component CCN: 14-T172		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 7/23/2020 10:56 pm
			Title XVIII		Subprovider - IRF		PPS
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	427,567	4,552,356	0.093922	0	0	90.00
91.00	Nursing School cost	0	4,552,356	0.000000	0	0	91.00
92.00	Allied health cost	0	4,552,356	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,552,356	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0172

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

Worksheet D-1

Date/Time Prepared:

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Title XIX		Hospital	Cost
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)	46,355	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	46,355	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)	37,053	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	3,404	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)	2,808	15.00
16.00	Nursery days (title V or XIX only)	984	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)	64,406,260	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)	64,406,260	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)	64,406,260	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)	1,389.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,729,552	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)	4,729,552	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0172

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

Worksheet D-1

Date/Time Prepared:
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			Title XIX		Hospital	Cost	
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)	2,906,488	2,808	1,035.07	984	1,018,509	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	16,549,004	8,312	1,990.98	748	1,489,253	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0 48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						7,237,314 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)						0 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0 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)						9,302 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,389.41 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						12,924,292 89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0172

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

Worksheet D-1

Date/Time Prepared:
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		Title XIX		Hospital	Cost	
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	5,362,127	64,406,260	0.083255	12,924,292	1,076,012	90.00
91.00 Nursing School cost	0	64,406,260	0.000000	12,924,292	0	91.00
92.00 Allied health cost	0	64,406,260	0.000000	12,924,292	0	92.00
93.00 All other Medical Education	0	64,406,260	0.000000	12,924,292	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0172 Component CCN: 14-T172	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/23/2020 10:56 pm
		Title XIX	Subprovider - IRF	Cost
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)			3,522 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,522 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)			3,522 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			311 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)			2,808 15.00
16.00	Nursery days (title V or XIX only)			984 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)			4,793,494 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)			4,793,494 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)			4,793,494 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)			1,361.01 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			423,274 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)			423,274 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0172	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1	
				Component CCN: 14-T172		Date/Time Prepared: 7/23/2020 10:56 pm	
				Title XIX		Subprovider - IRF	Cost
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
			1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)		0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT		0	0	0.00	0	0
44.00	CORONARY CARE UNIT						
45.00	BURN INTENSIVE CARE UNIT						
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)						0
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						423,274
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0
52.00	Total Program excludable cost (sum of lines 50 and 51)						0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0
55.00	Target amount per discharge						0.00
56.00	Target amount (line 54 x line 55)						0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0
58.00	Bonus payment (see instructions)						0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0
62.00	Relief payment (see instructions)						0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						
72.00	Program routine service cost (line 9 x line 71)						
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						
76.00	Per diem capital-related costs (line 75 ÷ line 2)						
77.00	Program capital-related costs (line 9 x line 76)						
78.00	Inpatient routine service cost (line 74 minus line 77)						
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						
81.00	Inpatient routine service cost per diem limitation						
82.00	Inpatient routine service cost limitation (line 9 x line 81)						
83.00	Reasonable inpatient routine service costs (see instructions)						
84.00	Program inpatient ancillary services (see instructions)						
85.00	Utilization review - physician compensation (see instructions)						
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0172 Component CCN: 14-T172		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 7/23/2020 10:56 pm	
			Title XIX		Subprovider - IRF		Cost	
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		427,567	4,793,494	0.089197	0	0	90.00
91.00	Nursing School cost		0	4,793,494	0.000000	0	0	91.00
92.00	Allied health cost		0	4,793,494	0.000000	0	0	92.00
93.00	All other Medical Education		0	4,793,494	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0172	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 7/23/2020 10:56 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		38,747,730		30.00
31.00	03100	INTENSIVE CARE UNIT		12,635,824		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.145971	13,732,941	2,004,611	50.00
50.01	05001	SURGICENTER	0.000000	0	0	50.01
50.02	05002	SURGERY RECOVERY CENTER	0.363711	0	0	50.02
51.00	05100	RECOVERY ROOM	0.131213	1,821,031	238,943	51.00
53.00	05300	ANESTHESIOLOGY	0.039974	3,684,515	147,285	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.111507	9,609,340	1,071,509	54.00
54.01	05401	BREAST DIAGNOSIS CENTER	0.158167	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.113775	364,295	41,448	55.00
56.00	05600	RADIOISOTOPE	0.062188	1,855,365	115,381	56.00
57.00	05700	CT SCAN	0.019524	18,523,187	361,647	57.00
58.00	05800	MRI	0.060717	3,677,783	223,304	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.090585	12,442,960	1,127,146	59.00
60.00	06000	LABORATORY	0.123070	32,123,949	3,953,494	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.126562	11,532,992	1,459,639	65.00
65.01	06501	SLEEP LAB	0.121568	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.247727	1,940,250	480,652	66.00
66.01	06601	OP PHYSICAL THERAPY	0.165194	0	0	66.01
66.02	06602	OP THERAPY SERVICES	0.225496	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.229091	1,405,351	321,953	67.00
68.00	06800	SPEECH PATHOLOGY	0.214561	1,166,380	250,260	68.00
69.00	06900	ELECTROCARDIOLOGY	0.100924	7,853,421	792,599	69.00
69.01	06901	EP LAB	0.000000	0	0	69.01
69.02	03650	VASCULAR SERVICES	0.000000	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.140928	335,500	47,281	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.336262	8,044,927	2,705,203	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.541611	6,937,699	3,757,534	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.198967	17,324,472	3,446,998	73.00
74.00	07400	RENAL DIALYSIS	0.410988	2,736,442	1,124,645	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.581439	36,536	21,243	75.00
76.00	03951	WOUND CARE	0.000000	0	0	76.00
76.01	03952	OP ONCOLOGY	0.261266	95,670	24,995	76.01
76.97	07697	CARDIAC REHABILITATION	0.579424	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.459086	3,849	1,767	90.00
90.01	09001	URGENT CARE CENTER	0.786439	0	0	90.01
91.00	09100	EMERGENCY	0.124964	20,300,099	2,536,782	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.657122	1,508,971	991,578	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		179,057,925	27,247,897	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)		179,057,925		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0172	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3	
		Component CCN: 14-T172		Date/Time Prepared: 7/23/2020 10:56 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		4,087,765		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.145971	11,154	1,628	50.00
50.01	05001 SURGICENTER	0.000000	0	0	50.01
50.02	05002 SURGERY RECOVERY CENTER	0.363711	0	0	50.02
51.00	05100 RECOVERY ROOM	0.131213	4,761	625	51.00
53.00	05300 ANESTHESIOLOGY	0.039974	4,974	199	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.111507	130,965	14,604	54.00
54.01	05401 BREAST DIAGNOSIS CENTER	0.158167	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.113775	6,320	719	55.00
56.00	05600 RADIOISOTOPE	0.062188	4,865	303	56.00
57.00	05700 CT SCAN	0.019524	79,692	1,556	57.00
58.00	05800 MRI	0.060717	50,214	3,049	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.090585	100,953	9,145	59.00
60.00	06000 LABORATORY	0.123070	641,251	78,919	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.126562	312,647	39,569	65.00
65.01	06501 SLEEP LAB	0.121568	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.247727	1,404,405	347,909	66.00
66.01	06601 OP PHYSICAL THERAPY	0.165194	0	0	66.01
66.02	06602 OP THERAPY SERVICES	0.225496	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.229091	1,509,265	345,759	67.00
68.00	06800 SPEECH PATHOLOGY	0.214561	415,450	89,139	68.00
69.00	06900 ELECTROCARDIOLOGY	0.100924	40,555	4,093	69.00
69.01	06901 EP LAB	0.000000	0	0	69.01
69.02	03650 VASCULAR SERVICES	0.000000	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.140928	1,116	157	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.336262	94,766	31,866	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.541611	9,258	5,014	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.198967	660,653	131,448	73.00
74.00	07400 RENAL DIALYSIS	0.410988	138,235	56,813	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.581439	0	0	75.00
76.00	03951 WOUND CARE	0.000000	0	0	76.00
76.01	03952 OP ONCOLOGY	0.261266	515	135	76.01
76.97	07697 CARDIAC REHABILITATION	0.579424	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.459086	0	0	90.00
90.01	09001 URGENT CARE CENTER	0.786439	0	0	90.01
91.00	09100 EMERGENCY	0.124964	7,887	986	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.657122	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,629,901	1,163,635	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)		5,629,901		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0172	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/23/2020 10:56 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)			31,303,778	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			10,434,593	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)			264,000	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			92,664	2.04
3.00	Managed Care Simulated Payments			13,303,246	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			166.82	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)			160.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			9.24	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).			-5.00	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)			145.76	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			128.53	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)			128.53	12.00
13.00	Total allowable FTE count for the prior year.			112.82	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.			103.92	14.00
15.00	Sum of lines 12 through 14 divided by 3.			115.09	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			0.35	17.00
18.00	Adjusted rolling average FTE count			115.44	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.692003	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.642806	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.642806	21.00
22.00	IME payment adjustment (see instructions)			12,547,264	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			3,999,182	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C) .			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			-17.23	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			12,547,264	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			3,999,182	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			6.04	30.00
31.00	Percentage of Medicaid patient days (see instructions)			21.57	31.00
32.00	Sum of lines 30 and 31			27.61	32.00
33.00	Allowable disproportionate share percentage (see instructions)			11.99	33.00
34.00	Disproportionate share adjustment (see instructions)			1,251,108	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0172	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/23/2020 10:56 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		8,272,872,447	8,350,599,086	35.00
35.01	Factor 3 (see instructions)		0.000381061	0.000416527	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,152,469	3,478,249	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,357,873	874,314	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,232,187		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.0000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		59,125,594		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)			63,124,776	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			4,433,157	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).			5,089,421	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			72,647,354	59.00
60.00	Primary payer payments			24,014	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			72,623,340	61.00
62.00	Deductibles billed to program beneficiaries			4,126,696	62.00
63.00	Coinurance billed to program beneficiaries			227,106	63.00
64.00	Allowable bad debts (see instructions)			1,868,636	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,214,613	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,182,188	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			69,484,151	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-263,721	70.93
70.94	HRR adjustment amount (see instructions)			-747,006	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0172	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/23/2020 10:56 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)		665,472	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		67,807,952	71.00	
71.01	Sequestration adjustment (see instructions)		1,356,159	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
71.03	Sequestration adjustment-PARHM pass-throughs			71.03	
72.00	Interim payments		64,333,033	72.00	
72.01	Interim payments-PARHM			72.01	
73.00	Tentative settlement (for contractor use only)		0	73.00	
73.01	Tentative settlement-PARHM (for contractor use only)			73.01	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		2,118,760	74.00	
74.01	Balance due provider/program-PARHM (see instructions)			74.01	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,965,684	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	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	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

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/23/2020 10:56 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	31,303,778	31,303,778		31,303,778	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,434,593		10,434,593	10,434,593	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	264,000	264,000		264,000	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	92,664		92,664	92,664	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	13,303,246	9,977,435	3,325,811	13,303,246	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.642806	0.642806	0.642806		5.00
6.00	IME payment adjustment (see instructions)	22.00	12,547,264	9,410,448	3,136,816	12,547,264	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,999,182	2,999,387	999,795	3,999,182	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	12,547,264	9,410,448	3,136,816	12,547,264	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,999,182	2,999,387	999,795	3,999,182	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1199	0.1199	0.1199		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,251,108	938,331	312,777	1,251,108	11.00
11.01	Uncompensated care payments	36.00	3,232,187	2,357,873	874,314	3,232,187	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	59,125,594	44,274,430	14,851,164	59,125,594	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	63,124,776	47,273,817	15,850,959	63,124,776	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,433,157	3,358,067	1,075,090	4,433,157	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			50,631,884	16,926,049	67,557,933	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/23/2020 10:56 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,379,909	2,583,349	796,560	3,379,909	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	49,753	7,722	42,031	49,753	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.2969	0.2969	0.2969		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,003,495	766,996	236,499	1,003,495	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,433,157	3,358,067	1,075,090	4,433,157	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-263,721	-167,691	-96,030	-263,721	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-747,006	-737,911	-9,095	-747,006	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		497,263	168,209	665,472	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0172	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 7/23/2020 10:56 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		26,216,498	2.00
3.00	OPPS payments		23,500,583	3.00
4.00	Outlier payment (see instructions)		43,915	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		23,544,498	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		4,481,310	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)		19,063,188	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		2,308,757	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)		21,371,945	30.00
31.00	Primary payer payments		6,316	31.00
32.00	Subtotal (line 30 minus line 31)		21,365,629	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)		1,058,066	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		687,743	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		544,928	36.00
37.00	Subtotal (see instructions)		22,053,372	37.00
38.00	MSP-LCC reconciliation amount from PS&R		2,938	38.00
39.00	FDO EFFECT		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		22,050,434	40.00
40.01	Sequestration adjustment (see instructions)		441,009	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		21,565,493	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		43,932	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0172 Component CCN: 14-T172	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 7/23/2020 10:56 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.850	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		0	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		0	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
7/23/2020 10:56 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		63,398,362		21,565,493	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	05/04/2019	934,671		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)		934,671		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)		64,333,033		21,565,493	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		2,118,760		43,932	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		66,451,793		21,609,425	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: 14-0172

Period:

Worksheet E-1

Component CCN: 14-T172

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
7/23/2020 10:56 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				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		4,941,974		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)		4,941,974		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		67,617		0	6.02
7.00	Total Medicare program liability (see instructions)		4,874,357		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: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part II
Date/Time Prepared:
7/23/2020 10:56 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: 14-0172 Component CCN: 14-T172	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part III Date/Time Prepared: 7/23/2020 10:56 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		4,254,992	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0232	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		145,521	3.00
4.00	Outlier Payments		133,194	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		1.30	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		1.03	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		1.03	9.00
10.00	Average Daily Census (see instructions)		9.649315	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.108574	11.00
12.00	Teaching Adjustment (see instructions)		461,982	12.00
13.00	Total PPS Payment (see instructions)		4,995,689	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		0	15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		4,995,689	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		4,995,689	19.00
20.00	Deductibles		16,368	20.00
21.00	Subtotal (line 19 minus line 20)		4,979,321	21.00
22.00	Coinsurance		9,889	22.00
23.00	Subtotal (line 21 minus line 22)		4,969,432	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		6,772	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		4,402	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		4,092	26.00
27.00	Subtotal (sum of lines 23 and 25)		4,973,834	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Demonstration payment adjustment amount before sequestration		0	31.99
32.00	Total amount payable to the provider (see instructions)		4,973,834	32.00
32.01	Sequestration adjustment (see instructions)		99,477	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		4,941,974	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)		-67,617	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		133,194	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0172	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part VII Date/Time Prepared: 7/23/2020 10:56 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	7,237,314			1.00
2.00	Medical and other services		0		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	7,237,314	0		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	7,237,314	0		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	2,459,906			8.00
9.00	Ancillary service charges	0	0		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	2,459,906	0		12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0		13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	2,459,906	0		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	4,777,408	0		18.00
19.00	Interns and Residents (see instructions)	0	0		19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	2,459,906	0		21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0			28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	2,459,906	0		29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	4,777,408	0		30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	2,459,906	0		31.00
32.00	Deductibles	0	0		32.00
33.00	Coinurance	0	0		33.00
34.00	Allowable bad debts (see instructions)	0	0		34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	2,459,906	0		36.00
37.00	REMOVE IP COSTS	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	2,459,906	0		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	2,459,906	0		40.00
41.00	Interim payments	2,459,906	0		41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0		43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0172 Component CCN: 14-T172	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part VII Date/Time Prepared: 7/23/2020 10:56 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	423,274		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	423,274	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	423,274	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	423,274	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	423,274	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0172	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 7/23/2020 10:56 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.			128.25	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			10.23	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))			-4.50	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)			113.52	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			128.53	6.00
7.00	Enter the lesser of line 5 or line 6			113.52	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.	72.10	50.54	122.64	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.	63.68	44.64	108.32	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	63.68	44.64		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	60.19	47.98		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	51.06	47.14		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	58.31	46.59		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	0.35		16.01
17.00	Adjusted rolling average FTE count	58.31	46.59		17.00
18.00	Per resident amount	113,865.45	110,764.06		18.00
19.00	Approved amount for resident costs	6,639,494	5,160,498	11,799,992	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			15.01	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			11,799,992	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	23,882	7,532		26.00
27.00	Total Inpatient Days (see instructions)	49,264	49,264		27.00
28.00	Ratio of inpatient days to total inpatient days	0.484776	0.152891		28.00
29.00	Program direct GME amount	5,720,353	1,804,113	7,524,466	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		126,288	126,288	30.00
31.00	Net Program direct GME amount			7,398,178	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0172	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 7/23/2020 10:56 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)		5,765,750	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)		57,801,595	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)		24,014	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		57,777,581	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		26,216,498	42.00
43.00	Primary payer payments (see instructions)		6,316	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		26,210,182	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		83,987,763	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.687929	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.312071	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		7,398,178	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		5,089,421	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		2,308,757	50.00

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

Provider CCN: 14-0172

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

Worksheet G

Date/Time Prepared:
7/23/2020 10:56 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	0	0	0	0	1.00
2.00	Temporary investments	6,776,713	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	64,829,294	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-13,624,280	0	0	0	6.00
7.00	Inventory	9,537,956	0	0	0	7.00
8.00	Prepaid expenses	1,413,424	0	0	0	8.00
9.00	Other current assets	54,237,138	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	123,170,245	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,252,978	0	0	0	12.00
13.00	Land improvements	4,311,599	0	0	0	13.00
14.00	Accumulated depreciation	-2,620,193	0	0	0	14.00
15.00	Buildings	194,770,080	0	0	0	15.00
16.00	Accumulated depreciation	-83,289,182	0	0	0	16.00
17.00	Leasehold improvements	1,075,647	0	0	0	17.00
18.00	Accumulated depreciation	-1,040,459	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	166,350,110	0	0	0	23.00
24.00	Accumulated depreciation	-54,807,452	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)	230,003,128	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	11,585,286	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	11,585,286	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	364,758,659	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,204,030	0	0	0	37.00
38.00	Salaries, wages, and fees payable	26,871,190	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	297,433	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	28,178,110	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	58,550,763	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	4,609,249	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,609,249	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	63,160,012	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	301,598,647	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	301,598,647	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	364,758,659	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0172

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

Worksheet G-1

Date/Time Prepared:
7/23/2020 10:56 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		297,514,570		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-29,807,833				2.00
3.00	Total (sum of line 1 and line 2)		267,706,737		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00	TRANSFER FROM AFFILIATES	33,854,280		0		0	6.00
7.00		0		0		0	7.00
8.00	CONTR OF PPE	37,641		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		33,891,921		0		10.00
11.00	Subtotal (line 3 plus line 10)		301,598,658		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)		301,598,658		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	TRANSFER FROM AFFILIATES		0				6.00
7.00			0				7.00
8.00	CONTR OF PPE		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: 14-0172

Period:
From 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
7/23/2020 10:56 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	92,336,580		92,336,580	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	7,415,100		7,415,100	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	99,751,680		99,751,680	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	29,011,800		29,011,800	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	29,011,800		29,011,800	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	128,763,480		128,763,480	17.00
18.00	Ancillary services	399,776,374	0	399,776,374	18.00
19.00	Outpatient services	0	716,089,841	716,089,841	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		9,694,854	9,694,854	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				26.00
27.00	PHYSICIANS REVENUE	0	10,427,674	10,427,674	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	528,539,854	736,212,369	1,264,752,223	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		320,353,029		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00	COMMUNITY BENEFIT	520,000			32.00
33.00	DONATIONS	6,198			33.00
34.00	OTHER NON OPER EXPENSES	1,176,570			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		1,702,768		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00	ROUNDING	3			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)		3		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		322,055,794		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0172

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

Worksheet G-3

Date/Time Prepared:
7/23/2020 10:56 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,264,752,223	1.00
2.00	Less contractual allowances and discounts on patients' accounts	981,352,594	2.00
3.00	Net patient revenues (line 1 minus line 2)	283,399,629	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	322,055,794	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-38,656,165	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	45,548	6.00
7.00	Income from investments	44,821	7.00
8.00	Revenues from telephone and other miscellaneous communication services	58,646	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	1,373,607	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	813,604	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	10,360	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	192,798	20.00
21.00	Rental of vending machines	49,741	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	FITNESS CENTER REVENUE	2,934,235	24.01
24.02	MISCELLANEOUS OTHER REVENUE	222,772	24.02
24.03	URGENT CARE OTHER REVENUE	736,927	24.03
24.04	OTHER (SPECIFY)	0	24.04
24.05	OTHER (SPECIFY)	0	24.05
24.06	RENTAL REVENUE	2,365,273	24.06
25.00	Total other income (sum of lines 6-24)	8,848,332	25.00
26.00	Total (line 5 plus line 25)	-29,807,833	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)	-29,807,833	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0172
HHA CCN: 14-7267
Period: From 01/01/2019 To 12/31/2019
Worksheet H
Date/Time Prepared: 7/23/2020 10:56 pm

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	729,834	215,776	0	0	91,877	1,037,487	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,097,886	324,591	46,316	0	0	1,468,793	6.00
7.00	Physical Therapy	282,679	83,574	12,365	498,541	0	877,159	7.00
8.00	Occupational Therapy	236,289	69,859	12,347	71,329	0	389,824	8.00
9.00	Speech Pathology	10,087	2,982	100	0	0	13,169	9.00
10.00	Medical Social Services	37,241	11,010	665	0	0	48,916	10.00
11.00	Home Health Aide	39,684	11,733	5,826	0	0	57,243	11.00
12.00	Supplies (see instructions)	0	0	0	0	115,973	115,973	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)	2,433,700	719,525	77,619	569,870	207,850	4,008,564	24.00
		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	-203,896	833,591	0	833,591			5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	1,468,793	0	1,468,793			6.00
7.00	Physical Therapy	0	877,159	0	877,159			7.00
8.00	Occupational Therapy	0	389,824	0	389,824			8.00
9.00	Speech Pathology	0	13,169	0	13,169			9.00
10.00	Medical Social Services	0	48,916	0	48,916			10.00
11.00	Home Health Aide	0	57,243	0	57,243			11.00
12.00	Supplies (see instructions)	0	115,973	0	115,973			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)	-203,896	3,804,668	0	3,804,668			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: 14-0172

Period:

Worksheet H-1

HHA CCN: 14-7267

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
7/23/2020 10:56 pmHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation			
			Bldgs & Fixtures	Movable Equipment			Subtotal (cols. 0-4)		
									0
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00	
2.00	Capital Related - Movable Equipment	0		0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0		4.00	
5.00	Administrative and General	833,591	0	0	0	0	833,591	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,468,793	0	0	0	0	1,468,793	6.00	
7.00	Physical Therapy	877,159	0	0	0	0	877,159	7.00	
8.00	Occupational Therapy	389,824	0	0	0	0	389,824	8.00	
9.00	Speech Pathology	13,169	0	0	0	0	13,169	9.00	
10.00	Medical Social Services	48,916	0	0	0	0	48,916	10.00	
11.00	Home Health Aide	57,243	0	0	0	0	57,243	11.00	
12.00	Supplies (see instructions)	115,973	0	0	0	0	115,973	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)	3,804,668	0	0	0	0	3,804,668	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	833,591						5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	424,649	1,893,442					6.00	
7.00	Physical Therapy	265,205	1,142,364					7.00	
8.00	Occupational Therapy	66,920	456,744					8.00	
9.00	Speech Pathology	5,386	18,555					9.00	
10.00	Medical Social Services	17,219	66,135					10.00	
11.00	Home Health Aide	26,294	83,537					11.00	
12.00	Supplies (see instructions)	27,918	143,891					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)		3,804,668					24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0172

Period:

Worksheet H-1

HHA CCN: 14-7267

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
7/23/2020 10:56 pmHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-833,591	2,479,350
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	-205,754	1,263,039
7.00	Physical Therapy	0	0	0	0	-88,361	788,798
8.00	Occupational Therapy	0	0	0	0	-190,785	199,039
9.00	Speech Pathology	0	0	0	0	2,850	16,019
10.00	Medical Social Services	0	0	0	0	2,298	51,214
11.00	Home Health Aide	0	0	0	0	20,962	78,205
12.00	Supplies (see instructions)	0	0	0	0	-32,937	83,036
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,325,318	2,479,350
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		833,591
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.336214

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0172

Period:

Worksheet H-2

HHA CCN: 14-7267

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
7/23/2020 10:56 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	0	0	63,124	63,124	6,806	1.00
2.00	Skilled Nursing Care	1,893,442	0	0	0	1,893,442	578,487	2.00
3.00	Physical Therapy	1,142,364	0	0	0	1,142,364	358,092	3.00
4.00	Occupational Therapy	456,744	0	0	0	456,744	89,591	4.00
5.00	Speech Pathology	18,555	0	0	0	18,555	7,342	5.00
6.00	Medical Social Services	66,135	0	0	0	66,135	23,424	6.00
7.00	Home Health Aide	83,537	0	0	0	83,537	35,792	7.00
8.00	Supplies (see instructions)	143,891	0	0	0	143,891	37,376	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)	3,804,668	0	0	63,124	3,867,792	1,136,910	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		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	0	0	0	0	0	90,340	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	90,340	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: 14-0172

Period:

Worksheet H-2

HHA CCN: 14-7267

From 01/01/2019

Part I

To 12/31/2019

Date/Time Prepared:

7/23/2020 10:56 pm

Home Health
Agency I

PPS

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	0	0	37,868	0	1.00
2.00	Skilled Nursing Care	0	0	0	223	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	9,125	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	9,125	223	37,868	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		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	RADIOLOGY PARAMEDICAL	
		19.00	20.00	21.00	22.00	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(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: 14-0172

Period:

Worksheet H-2

HHA CCN: 14-7267

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
7/23/2020 10:56 pmHome Health
Agency I

PPS

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	198,138	0	198,138				1.00
2.00	Skilled Nursing Care	2,472,152	0	2,472,152	99,074	2,571,226		2.00
3.00	Physical Therapy	1,500,456	0	1,500,456	60,131	1,560,587		3.00
4.00	Occupational Therapy	546,335	0	546,335	21,894	568,229		4.00
5.00	Speech Pathology	25,897	0	25,897	1,038	26,935		5.00
6.00	Medical Social Services	89,559	0	89,559	3,589	93,148		6.00
7.00	Home Health Aide	119,329	0	119,329	4,782	124,111		7.00
8.00	Supplies (see instructions)	190,392	0	190,392	7,630	198,022		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	5,142,258	0	5,142,258	198,138	5,142,258		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.				0.040075			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: 14-0172

Period:

Worksheet H-2

HHA CCN: 14-7267

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
7/23/2020 10:56 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	Agency 1	MAINTENANCE & REPAIRS (SQUARE FEET)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)			ADMINISTRATIVE & GENERAL (ACCUM COST)		
		1.00	2.00	4.00	5A	5.00	6.00	
1.00	Administrative and General	0	0	2,274,406	-42,193	20,931	0	1.00
2.00	Skilled Nursing Care	0	0	0	-114,371	1,779,071	0	2.00
3.00	Physical Therapy	0	0	0	-41,091	1,101,273	0	3.00
4.00	Occupational Therapy	0	0	0	-181,217	275,527	0	4.00
5.00	Speech Pathology	0	0	0	4,023	22,578	0	5.00
6.00	Medical Social Services	0	0	0	5,903	72,038	0	6.00
7.00	Home Health Aide	0	0	0	26,538	110,075	0	7.00
8.00	Supplies (see instructions)	0	0	0	-28,945	114,946	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	2,274,406		3,496,439	0	20.00
21.00	Total cost to be allocated	0	0	63,124		1,136,910	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.027754		0.325162	0.000000	22.00
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		7.00	8.00	9.00	10.00	11.00	12.00	
1.00	Administrative and General	0	0	0	0	54,488	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	54,488	0	20.00
21.00	Total cost to be allocated	0	0	0	0	90,340	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	1.657980	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0172

Period:

Worksheet H-2

HHA CCN: 14-7267

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
7/23/2020 10:56 pmHome Health
Agency I

PPS

Cost Center Description		NURSING ADMINISTRATION (NURS DIRECT FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUI)	PHARMACY (COSTED REQUI)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	0	0	9,694,854	0	0	1.00
2.00	Skilled Nursing Care	0	0	514	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	116,434	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	116,434	514	9,694,854	0	0	20.00
21.00	Total cost to be allocated	0	9,125	223	37,868	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.078371	0.433852	0.003906	0.000000	0.000000	22.00
Cost Center Description		NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	RADIOLOGY PARAMEDICAL (TIME SPENT)		
		20.00	21.00	22.00	23.00	23.01		
1.00	Administrative and General	0	0	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0		20.00
21.00	Total cost to be allocated	0	0	0	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0172

Period:

Worksheet H-3

HHA CCN: 14-7267

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
7/23/2020 10:56 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
	0	1.00	2.00	3.00	4.00	5.00	

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation

1.00	Skilled Nursing Care	2.00	2,571,226		2,571,226	10,654	241.34	1.00
2.00	Physical Therapy	3.00	1,560,587	0	1,560,587	8,918	174.99	2.00
3.00	Occupational Therapy	4.00	568,229	0	568,229	3,709	153.20	3.00
4.00	Speech Pathology	5.00	26,935	0	26,935	23	1,171.09	4.00
5.00	Medical Social Services	6.00	93,148		93,148	153	608.81	5.00
6.00	Home Health Aide	7.00	124,111		124,111	1,340	92.62	6.00
7.00	Total (sum of lines 1-6)		4,944,236	0	4,944,236	24,797		7.00

Program Visits

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation

8.00	Skilled Nursing Care		16974	0	7,051		8.00
9.00	Physical Therapy		16974	0	5,902		9.00
10.00	Occupational Therapy		16974	0	2,455		10.00
11.00	Speech Pathology		16974	0	15		11.00
12.00	Medical Social Services		16974	0	101		12.00
13.00	Home Health Aide		16974	0	887		13.00
14.00	Total (sum of lines 8-13)			0	16,411		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	198,022	0	198,022	388,586	0.509596	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Cost of Services Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation

1.00	Skilled Nursing Care	0	7,051	0	1,701,688		1.00
2.00	Physical Therapy	0	5,902	0	1,032,791		2.00
3.00	Occupational Therapy	0	2,455	0	376,106		3.00
4.00	Speech Pathology	0	15	0	17,566		4.00
5.00	Medical Social Services	0	101	0	61,490		5.00
6.00	Home Health Aide	0	887	0	82,154		6.00
7.00	Total (sum of lines 1-6)	0	16,411	0	3,271,795		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: 14-0172

Period:

Worksheet H-3

HHA CCN: 14-7267

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
7/23/2020 10:56 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	225,065	0	0	114,692	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	1,701,688						1.00
2.00	Physical Therapy	1,032,791						2.00
3.00	Occupational Therapy	376,106						3.00
4.00	Speech Pathology	17,566						4.00
5.00	Medical Social Services	61,490						5.00
6.00	Home Health Aide	82,154						6.00
7.00	Total (sum of lines 1-6)	3,271,795						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: 14-0172

Period:

Worksheet H-3

HHA CCN: 14-7267

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
7/23/2020 10:56 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	0.247727	0	0	0col. 2, line 2.00		1.00
1.01 Physical Therapy 1	66.01	0.165194	0	0	0col. 2, line 2.01		1.01
1.02 Physical Therapy 2	66.02	0.225496	0	0	0col. 2, line 2.02		1.02
2.00 Occupational Therapy	67.00	0.229091	0	0	0col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.214561	0	0	0col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.336262	0	0	0col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.198967	0	0	0col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0172 HHA CCN: 14-7267	Period: From 01/01/2019 To 12/31/2019	Worksheet H-4 Part I-II Date/Time Prepared: 7/23/2020 10:56 pm	
		Title XVIII	Home Health Agency I	PPS	
		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	3,073,560	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	163,952	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	62,111	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	36,916	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	45,959	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	37	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	3,382,535	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	3,382,535	24.00
25.00	Coinsurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		0	3,382,535	26.00
27.00	Reimbursable bad debts (from your records)				27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)				28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	3,382,535	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	0	30.99
31.00	Subtotal (see instructions)		0	3,382,535	31.00
31.01	Sequestration adjustment (see instructions)		0	67,679	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	3,314,856	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIESProvider CCN: 14-0172
HHA CCN: 14-7267Period:
From 01/01/2019
To 12/31/2019

Worksheet H-5

Date/Time Prepared:
7/23/2020 10:56 pm

		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		3,314,856	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		3,314,856	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		3,314,856	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0172	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 7/23/2020 10:56 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,379,909	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		49,753	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)		125.32	3.00
4.00	Number of interns & residents (see instructions)		115.44	4.00
5.00	Indirect medical education percentage (see instructions)		29.69	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)		1,003,495	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		4,433,157	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