

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: 14-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/27/2019 2:31 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/27/2019	Time: 2:31 pm
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by LITTLE COMPANY OF MARY (14-0179) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	564,312	-455,157	0	0	1.00
2.00	Subprovider - IPF	0	13,527	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	2,400		0	9.00
200.00	Total	0	577,839	-452,757	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: 14-0179		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/27/2019 2:31 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 2800 WEST 95TH STREET			PO Box:				1.00		
2.00	City: EVERGREEN PARK			State: IL		Zip Code: 60642		County: COOK		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		LITTLE COMPANY OF MARY	140179	16974	1	07/01/1966	N	P	O
4.00	Subprovider - IPF		LITTLE COMPANY OF MARY PSYCH	14S179	16974	4	07/01/1984	N	P	N
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA		LITTLE COMPANY OF MARY H.C.	147404	16974		01/11/1985	N	P	N
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice		LITTLE COMPANY OF MARY HOSPICE	141511	16974		12/30/1986			
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
17.10	Hospital-Based (CORF) I									
17.20	Hospital-Based (OPT) I									
17.30	Hospital-Based (OOT) I									
17.40	Hospital-Based (OSP) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2018	06/30/2019		20.00
21.00	Type of Control (see instructions)						1			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N			23.00

Worksheet S-2
Part I
Date/Time Prepared:
11/27/2019 2:31 pm

MCRIF32 - 15.9.167.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0179		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/27/2019 2:31 pm			
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code				
			1.00	2.00	3.00				
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		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		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)									
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01		
Teaching Hospitals that Claim Residents in Nonprovider Settings									
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00		
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
				1.00	2.00	3.00			
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.00	0.00	0.000000	64.00

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

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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	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		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.				
		1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N			110.00

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		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	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.	0			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	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y			140.00

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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:	Contractor's Name:		Contractor's Number:				141.00		
142.00	Street:	PO Box:						142.00		
143.00	City:	State:		Zip Code:				143.00		
								1.00		
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00	
								1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N				146.00	
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00	
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital	N		N		N		N		155.00
156.00	Subprovider - IPF	N		N		N		N		156.00
157.00	Subprovider - IRF	N		N		N		N		157.00
158.00	SUBPROVIDER									158.00
159.00	SNF	N		N		N		N		159.00
160.00	HOME HEALTH AGENCY	N		N		N		N		160.00
161.00	CMHC			N		N		N		161.00
161.10	CORF			N		N		N		161.10
161.20	OUTPATIENT PHYSICAL THERAPY			N		N		N		161.20
161.30	OUTPATIENT OCCUPATIONAL THERAPY			N		N		N		161.30
161.40	OUTPATIENT SPEECH PATHOLOGY			N		N		N		161.40
								1.00		
Multicampus										
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00			166.00
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00	
						Beginning	Ending			
						1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					07/01/2017	09/30/2017		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			171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0179

Period:
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To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/27/2019 2:31 pm

		Y/N	Date	
		1.00	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	Date	V/I
		1.00	2.00	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	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
		Y/N	Legal Oper.	
		1.00	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.	N		15.00
		Part A		Part B
		Y/N	Date	Y/N
		1.00	2.00	3.00
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/05/2012	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

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Date/Time Prepared:
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		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

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From 07/01/2018
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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: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/27/2019 2:31 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	184	67,160	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)		184	67,160	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	26	9,490	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
11.10 NICU	34.10	10	3,650	0.00	0	11.10
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		220	80,300	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	24	8,760		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		244				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: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/27/2019 2:31 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)	18,000	1,325	44,024			1.00
2.00	HMO and other (see instructions)	9,260	7,875				2.00
3.00	HMO IPF Subprovider	66	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	18,000	1,325	44,024			7.00
8.00	INTENSIVE CARE UNIT	1,679	198	4,344			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
11.10	NICU	0	603	1,035			11.10
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		216	1,673			13.00
14.00	Total (see instructions)	19,679	2,342	51,076	2.90	1,353.31	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	533	0	2,414	0.00	15.28	16.00
17.00	SUBPROVIDER - IRF						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	9,919	0	15,506	0.00	19.40	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	10.97	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				2.90	1,398.96	27.00
28.00	Observation Bed Days		0	6,603			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			192			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	350	500			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: 14-0179

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From 07/01/2018
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Part I
Date/Time Prepared:
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Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,891	492	10,794	1.00
2.00 HMO and other (see instructions)			1,658	1,065		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
11.10 NICU						11.10
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,891	492	10,794	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	84	0	475	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/27/2019 2:31 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	90,764,606	0	90,764,606	2,896,816.00	31.33
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		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		1,623,307	0	1,623,307	15,275.00	106.27
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		183,096	0	183,096	4,807.00	38.09
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		4,100,485	-106,167	3,994,318	116,288.00	34.35
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,224,141	0	2,224,141	31,145.00	71.41
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		527,667	0	527,667	3,014.00	175.07
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		21,400,817	0	21,400,817		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		941,795	0	941,795		
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		1,736	0	1,736		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		171,359	0	171,359		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,123,030	0	1,123,030	2,463.00	455.96
27.00	Administrative & General	5.00	12,950,995	-320,108	12,630,887	430,663.00	29.33

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/27/2019 2:31 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		47,750	0	47,750	191.00	250.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,647,360	0	2,647,360	107,495.00	24.63	30.00
31.00	Laundry & Linen Service	8.00	112,122	0	112,122	8,057.00	13.92	31.00
32.00	Housekeeping	9.00	1,629,578	0	1,629,578	117,934.00	13.82	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,294,286	-663,346	630,940	41,932.00	15.05	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	663,346	663,346	28,601.00	23.19	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,027,069	0	2,027,069	54,384.00	37.27	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	2,675,031	0	2,675,031	63,874.00	41.88	40.00
41.00	Medical Records & Medical Records Library	16.00	1,559,625	0	1,559,625	55,965.00	27.87	41.00
42.00	Social Service	17.00	0	799,793	799,793	24,559.00	32.57	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/27/2019 2:31 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	89,005,953	0	89,005,953	2,876,925.00	30.94	1.00
2.00	Excluded area salaries (see instructions)	4,100,485	-106,167	3,994,318	116,288.00	34.35	2.00
3.00	Subtotal salaries (line 1 minus line 2)	84,905,468	106,167	85,011,635	2,760,637.00	30.79	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,751,808	0	2,751,808	34,159.00	80.56	4.00
5.00	Subtotal wage-related costs (see inst.)	21,402,553	0	21,402,553	0.00	25.18	5.00
6.00	Total (sum of lines 3 thru 5)	109,059,829	106,167	109,165,996	2,794,796.00	39.06	6.00
7.00	Total overhead cost (see instructions)	26,066,846	479,685	26,546,531	936,118.00	28.36	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 11/27/2019 2:31 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,502,418	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		4,699	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		12,946	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)		12,187,670	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		239,121	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		757,986	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)		712,913	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		337,888	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		6,617,579	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		42,598	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		99,889	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		22,515,707	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COST		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
11/27/2019 2:31 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	1,794,634	22,385,493	1.00
2.00	Hospital	1,794,634	21,092,352	2.00
3.00	Subprovider - IPF	0	312,520	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	376,603	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	219,862	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	384,156	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 14-0179 Component CCN: 14-7404		Period: From 07/01/2018 To 06/30/2019		Worksheet S-4 Date/Time Prepared: 11/27/2019 2:31 pm	
						Home Health Agency I		PPS	
						1.00			
0.00	County					11		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	735	0	700	1,435	1.00
2.00	Unduplicated Census Count (see instructions)			0.00	384.00	0.00	150.00	534.00	2.00
						Number of Employees (Full Time Equivalent)			
				Enter the number of hours in your normal work week		Staff	Contract	Total	
				0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES									
3.00	Administrator and Assistant Administrator(s)			40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)					0.50	0.00	0.50	4.00
5.00	Other Administrative Personnel					8.03	0.00	8.03	5.00
6.00	Direct Nursing Service					5.48	0.00	5.48	6.00
7.00	Nursing Supervisor					0.00	0.00	0.00	7.00
8.00	Physical Therapy Service					2.65	3.30	5.95	8.00
9.00	Physical Therapy Supervisor					0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service					0.65	1.32	1.97	10.00
11.00	Occupational Therapy Supervisor					0.00	0.00	0.00	11.00
12.00	Speech Pathology Service					0.00	0.04	0.04	12.00
13.00	Speech Pathology Supervisor					0.00	0.00	0.00	13.00
14.00	Medical Social Service					0.62	0.00	0.62	14.00
15.00	Medical Social Service Supervisor					0.00	0.00	0.00	15.00
16.00	Home Health Aide					0.69	0.00	0.69	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					
				Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
				1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA									
21.00	Skilled Nursing Visits			3,664	679	150	111	4,604	21.00
22.00	Skilled Nursing Visit Charges			1,080,525	200,305	44,250	32,745	1,357,825	22.00
23.00	Physical Therapy Visits			3,396	234	23	22	3,675	23.00
24.00	Physical Therapy Visit Charges			1,052,760	72,540	6,510	6,820	1,138,630	24.00
25.00	Occupational Therapy Visits			1,050	115	3	10	1,178	25.00
26.00	Occupational Therapy Visit Charges			325,500	35,650	930	3,100	365,180	26.00
27.00	Speech Pathology Visits			17	0	0	0	17	27.00
28.00	Speech Pathology Visit Charges			5,270	0	0	0	5,270	28.00
29.00	Medical Social Service Visits			104	6	2	5	117	29.00
30.00	Medical Social Service Visit Charges			41,600	2,400	800	2,000	46,800	30.00
31.00	Home Health Aide Visits			282	33	3	10	328	31.00
32.00	Home Health Aide Visit Charges			56,400	6,600	600	2,000	65,600	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)			8,513	1,067	181	158	9,919	33.00
34.00	Other Charges			0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)			2,562,055	317,495	53,090	46,665	2,979,305	35.00
36.00	Total Number of Episodes (standard/non outlier)			470		96	11	577	36.00
37.00	Total Number of Outlier Episodes				27		0	27	37.00
38.00	Total Non-Routine Medical Supply Charges			155,437	67	6,372	2,137	164,013	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0179

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

Worksheet S-7

Date/Time Prepared:
11/27/2019 2:31 pm

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0179

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

Worksheet S-7

Date/Time Prepared:
11/27/2019 2:31 pm

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

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA			Provider CCN: 14-0179 Hospice CCN: 14-1511	Period: From 07/01/2018 To 06/30/2019	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 11/27/2019 2:31 pm
			Hospice I		

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
	PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
10.00	Hospice Continuous Home Care	6,816	26	296	7,138	10.00
11.00	Hospice Routine Home Care	0	0	0	0	11.00
12.00	Hospice Inpatient Respite Care	6	0	3	9	12.00
13.00	Hospice General Inpatient Care	181	6	34	221	13.00
14.00	Total Hospice Days	7,003	32	333	7,368	14.00
	PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care	6	0	3	9	15.00
16.00	Hospice General Inpatient Care	181	6	34	221	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0179

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

Worksheet S-10

Date/Time Prepared:
11/27/2019 2:31 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)			0.168927	1.00
	Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid			22,369,923	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			213,507,510	6.00
7.00	Medicaid cost (line 1 times line 6)			36,067,183	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)			13,697,260	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)			13,697,260	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
	Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	23,280,195	9,106,151	32,386,346	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,932,654	9,106,151	13,038,805	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	194,934	194,934	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,932,654	8,911,217	12,843,871	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			2,789,531	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			959,564	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,476,252	27.01
28.00	Non-Medicare bad debt expense (see instructions)			1,313,279	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			738,536	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			13,582,407	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			27,279,667	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0179		Period: From 07/01/2018 To 06/30/2019		Worksheet A Date/Time Prepared: 11/27/2019 2:31 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		8,765,553	8,765,553	4,801,247	13,566,800	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP		6,206,365	6,206,365	0	6,206,365	2.00	
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,123,030	1,413,679	2,536,709	0	2,536,709	4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	12,950,995	27,249,163	40,200,158	-233,074	39,967,084	5.00	
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00	
7.00	00700	OPERATION OF PLANT	2,647,360	4,680,654	7,328,014	0	7,328,014	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	112,122	265,141	377,263	0	377,263	8.00	
9.00	00900	HOUSEKEEPING	1,629,578	1,049,166	2,678,744	0	2,678,744	9.00	
10.00	01000	DIETARY	1,294,286	1,422,859	2,717,145	-1,284,131	1,433,014	10.00	
11.00	01100	CAFETERIA	0	0	0	1,284,131	1,284,131	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	2,027,069	855,323	2,882,392	0	2,882,392	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00	
15.00	01500	PHARMACY	2,675,031	14,951,851	17,626,882	-13,284,371	4,342,511	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	1,559,625	939,735	2,499,360	0	2,499,360	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	1,008,939	1,008,939	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	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	183,095	183,095	0	183,095	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	21,085,970	8,391,328	29,477,298	-898,843	28,578,455	30.00	
31.00	03100	INTENSIVE CARE UNIT	3,509,878	1,608,398	5,118,276	-81,085	5,037,191	31.00	
34.10	02060	NICU	1,034,262	1,283,931	2,318,193	0	2,318,193	34.10	
40.00	04000	SUBPROVIDER - IPF	1,262,710	360,488	1,623,198	0	1,623,198	40.00	
43.00	04300	NURSERY	0	0	0	898,843	898,843	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	4,558,483	8,861,070	13,419,553	-4,912,585	8,506,968	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,102,015	918,299	3,020,314	0	3,020,314	52.00	
53.00	05300	ANESTHESIOLOGY	121,202	3,796,989	3,918,191	0	3,918,191	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,023,151	3,283,948	6,307,099	-2,001,679	4,305,420	54.00	
54.01	03440	BREAST HEALTH CENTER	0	0	0	0	0	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	764,327	419,009	1,183,336	0	1,183,336	55.00	
56.00	05600	RADIOISOTOPE	357,427	940,338	1,297,765	102,144	1,399,909	56.00	
56.10	03630	ULTRASOUND	808,184	424,175	1,232,359	229,642	1,462,001	56.10	
57.00	05700	CT SCAN	671,836	731,452	1,403,288	88,382	1,491,670	57.00	
58.00	05800	MRI	267,656	397,409	665,065	102,363	767,428	58.00	
59.00	05900	CARDIAC CATHETERIZATION	716,367	2,585,816	3,302,183	-1,405,446	1,896,737	59.00	
60.00	06000	LABORATORY	3,653,866	5,837,999	9,491,865	0	9,491,865	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	2,063,125	948,353	3,011,478	-210,268	2,801,210	65.00	
65.01	03952	SLEEP LAB	194,930	108,426	303,356	0	303,356	65.01	
66.00	06600	PHYSICAL THERAPY	1,767,672	567,815	2,335,487	0	2,335,487	66.00	
68.00	06800	SPEECH PATHOLOGY	297,669	80,889	378,558	0	378,558	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,107,245	740,815	1,848,060	0	1,848,060	69.00	
69.01	06901	C-PORT	0	0	0	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	46,930	27,521	74,451	0	74,451	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	541,406	1,253,391	1,794,797	3,960,482	5,755,279	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,732,972	3,732,972	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,284,371	13,284,371	73.00	
74.00	07400	RENAL DIALYSIS	688,932	378,111	1,067,043	0	1,067,043	74.00	
75.10	03340	GI LAB	1,131,793	993,499	2,125,292	-571,487	1,553,805	75.10	
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0	76.00	
76.10	03950	NEUROLOGY	0	0	0	0	0	76.10	
76.20	03290	EMG	0	0	0	0	0	76.20	
76.30	03953	OS SVCS	0	28,113	28,113	0	28,113	76.30	
76.40	03040	AUDIOLOGY	0	0	0	0	0	76.40	
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	592,131	284,018	876,149	0	876,149	90.00	
90.01	09001	PALOS DIAGNOSTIC CENTER	125,325	97,012	222,337	0	222,337	90.01	
90.02	09002	CARE STATIONS	2,046,456	961,867	3,008,323	0	3,008,323	90.02	
90.03	09003	OUTPATIENT CARE CENTER	1,366,479	1,366,062	2,732,541	234,702	2,967,243	90.03	
91.00	09100	EMERGENCY	4,384,737	3,020,901	7,405,638	0	7,405,638	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00	
93.00	04951	OUTPATIENT REHAB	1,038,831	320,982	1,359,813	0	1,359,813	93.00	
93.10	04950	WOUND CARE CENTER	576,740	322,560	899,300	0	899,300	93.10	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0179

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

Worksheet A

Date/Time Prepared:
11/27/2019 2:31 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	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	1,568,904	940,944	2,509,848	-92,068	2,417,780	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		4,712,085	4,712,085	-4,712,085	0	113.00
116.00	11600	HOSPICE	843,596	658,046	1,501,642	-41,096	1,460,546	116.00
117.00	06950	MOBILE MED	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	90,339,331	125,634,643	215,973,974	0	215,973,974	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.10	19101	ADULT DAY CARE	0	0	0	0	0	191.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	425,275	445,822	871,097	0	871,097	192.00
192.01	19201	VACANT SPACE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FUND DEVELOPMENT	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	90,764,606	126,080,465	216,845,071	0	216,845,071	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0179

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

Worksheet A

Date/Time Prepared:
11/27/2019 2:31 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-3,434,039	10,132,761	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-29,451	6,176,914	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-271,259	2,265,450	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-21,333,697	18,633,387	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-913	7,327,101	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-11,605	365,658	8.00
9.00	00900	HOUSEKEEPING	-7,197	2,671,547	9.00
10.00	01000	DIETARY	-26,922	1,406,092	10.00
11.00	01100	CAFETERIA	-668,951	615,180	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,882,392	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	-40,141	4,302,370	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-20,985	2,478,375	16.00
17.00	01700	SOCIAL SERVICE	0	1,008,939	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	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	183,095	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,664,943	26,913,512	30.00
31.00	03100	INTENSIVE CARE UNIT	-24,199	5,012,992	31.00
34.10	02060	NICU	-916,099	1,402,094	34.10
40.00	04000	SUBPROVIDER - IPF	-34,613	1,588,585	40.00
43.00	04300	NURSERY	0	898,843	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-237,635	8,269,333	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,020,314	52.00
53.00	05300	ANESTHESIOLOGY	-3,443,341	474,850	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-52,285	4,253,135	54.00
54.01	03440	BREAST HEALTH CENTER	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,183,336	55.00
56.00	05600	RADIOISOTOPE	0	1,399,909	56.00
56.10	03630	ULTRASOUND	0	1,462,001	56.10
57.00	05700	CT SCAN	0	1,491,670	57.00
58.00	05800	MRI	0	767,428	58.00
59.00	05900	CARDIAC CATHETERIZATION	-176,830	1,719,907	59.00
60.00	06000	LABORATORY	-40,420	9,451,445	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-59,092	2,742,118	65.00
65.01	03952	SLEEP LAB	0	303,356	65.01
66.00	06600	PHYSICAL THERAPY	0	2,335,487	66.00
68.00	06800	SPEECH PATHOLOGY	0	378,558	68.00
69.00	06900	ELECTROCARDIOLOGY	-77,513	1,770,547	69.00
69.01	06901	C-PORT	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	74,451	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,755,279	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,732,972	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,284,371	73.00
74.00	07400	RENAL DIALYSIS	-9,934	1,057,109	74.00
75.10	03340	GI LAB	0	1,553,805	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	76.00
76.10	03950	NEUROLOGY	0	0	76.10
76.20	03290	EMG	0	0	76.20
76.30	03953	OS SVCS	-16,329	11,784	76.30
76.40	03040	AUDIOLOGY	0	0	76.40
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	32,964	909,113	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	222,337	90.01
90.02	09002	CARE STATIONS	-674,745	2,333,578	90.02
90.03	09003	OUTPATIENT CARE CENTER	15,403	2,982,646	90.03
91.00	09100	EMERGENCY	-370,553	7,035,085	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.00	04951	OUTPATIENT REHAB	-9,653	1,350,160	93.00
93.10	04950	WOUND CARE CENTER	-17,210	882,090	93.10
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0179

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

Worksheet A

Date/Time Prepared:
11/27/2019 2:31 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	2,417,780	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	1,460,546	116.00
117.00	06950	MOBILE MED	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-33,622,187	182,351,787	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.10	19101	ADULT DAY CARE	0	0	191.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	871,097	192.00
192.01	19201	VACANT SPACE	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	FUND DEVELOPMENT	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-33,622,187	183,222,884	200.00

RECLASSIFICATIONS

Provider CCN: 14-0179

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

Worksheet A-6

Date/Time Prepared:
11/27/2019 2:31 pm

		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
	A - DRUGS CHGD TO PAT.					
1.00	DRUGS CHARGED TO PATIENTS	73.00		0	13,284,371	1.00
	TOTALS			0	13,284,371	
	B - CAFETERIA COSTS					
1.00	CAFETERIA	11.00		663,346	620,785	1.00
	TOTALS			663,346	620,785	
	D - HHA/HOSPICE BILLONG MED REC COSTS					
1.00	ADMINISTRATIVE & GENERAL	5.00		106,167	26,997	1.00
2.00		0.00		0	0	2.00
	TOTALS			106,167	26,997	
	G - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00		0	4,712,085	1.00
	TOTALS			0	4,712,085	
	I - RADIOLOGY ADMIN COSTS					
1.00	RADIOISOTOPE	56.00		70,731	31,413	1.00
2.00	ULTRASOUND	56.10		159,018	70,624	2.00
3.00	CT SCAN	57.00		147,862	65,669	3.00
4.00	MRI	58.00		70,882	31,481	4.00
5.00	OUTPATIENT CARE CENTER	90.03		162,522	72,180	5.00
	TOTALS			611,015	271,367	
	J - NURSERY COSTS					
1.00	NURSERY	43.00		697,566	201,277	1.00
	TOTALS			697,566	201,277	
	L - UTIL/QUALITY MANAGEMENT COSTS					
1.00	SOCIAL SERVICE	17.00		799,793	209,146	1.00
	TOTALS			799,793	209,146	
	M - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		0	4,692,345	1.00
2.00		0.00		0	0	2.00
3.00		0.00		0	0	3.00
4.00		0.00		0	0	4.00
5.00		0.00		0	0	5.00
6.00		0.00		0	0	6.00
7.00		0.00		0	0	7.00
	TOTALS			0	4,692,345	
	N - MATERIALS MANAGEMENT COSTS					
1.00	ADMINISTRATIVE & GENERAL	5.00		373,518	358,345	1.00
	TOTALS			373,518	358,345	
	O - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00		0	89,162	1.00
	TOTALS			0	89,162	
	P - IMPLANT COSTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		0	3,732,972	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
	TOTALS			0	3,732,972	
500.00	Grand Total: Increases			3,251,405	28,198,852	500.00

RECLASSIFICATIONS

Provider CCN: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Date/Time Prepared:
11/27/2019 2:31 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DRUGS CHGD TO PAT.						
1.00	PHARMACY	15.00	0	13,284,371	0		1.00
	TOTALS		0	13,284,371			
	B - CAFETERIA COSTS						
1.00	DIETARY	10.00	663,346	620,785	0		1.00
	TOTALS		663,346	620,785			
	D - HHA/HOSPICE BILLONG MED REC COSTS						
1.00	HOME HEALTH AGENCY	101.00	74,320	17,748	0		1.00
2.00	HOSPICE	116.00	31,847	9,249	0		2.00
	TOTALS		106,167	26,997			
	G - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	4,712,085	9		1.00
	TOTALS		0	4,712,085			
	I - RADIOLOGY ADMIN COSTS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	611,015	271,367	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		611,015	271,367			
	J - NURSERY COSTS						
1.00	ADULTS & PEDIATRICS	30.00	697,566	201,277	0		1.00
	TOTALS		697,566	201,277			
	L - UTIL/QUALITY MANAGEMENT COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	799,793	209,146	0		1.00
	TOTALS		799,793	209,146			
	M - MEDICAL SUPPLIES						
1.00	OPERATING ROOM	50.00	0	2,395,790	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,119,297	0		2.00
3.00	CT SCAN	57.00	0	125,149	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	579,395	0		4.00
5.00	RESPIRATORY THERAPY	65.00	0	210,268	0		5.00
6.00	GI LAB	75.10	0	181,361	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	81,085	0		7.00
	TOTALS		0	4,692,345			
	N - MATERIALS MANAGEMENT COSTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	373,518	358,345	0		1.00
	TOTALS		373,518	358,345			
	O - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	89,162	9		1.00
	TOTALS		0	89,162			
	P - IMPLANT COSTS						
1.00	OPERATING ROOM	50.00	0	2,516,795	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	804,721	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	21,330	0		3.00
4.00	GI LAB	75.10	0	390,126	0		4.00
	TOTALS		0	3,732,972			
500.00	Grand Total: Decreases		3,251,405	28,198,852			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
11/27/2019 2:31 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	9,018,035	0	0	0	0	1.00
2.00	Land Improvements	11,108,738	0	0	0	0	2.00
3.00	Buildings and Fixtures	279,712,045	20,955,366	0	20,955,366	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	103,160,526	8,412,579	0	8,412,579	1,685,121	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	402,999,344	29,367,945	0	29,367,945	1,685,121	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	402,999,344	29,367,945	0	29,367,945	1,685,121	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,018,035	0	1.00			
2.00	Land Improvements	11,108,738	0	2.00			
3.00	Buildings and Fixtures	300,667,411	0	3.00			
4.00	Building Improvements	0	0	4.00			
5.00	Fixed Equipment	0	0	5.00			
6.00	Movable Equipment	109,887,984	0	6.00			
7.00	HIT designated Assets	0	0	7.00			
8.00	Subtotal (sum of lines 1-7)	430,682,168	0	8.00			
9.00	Reconciling Items	0	0	9.00			
10.00	Total (line 8 minus line 9)	430,682,168	0	10.00			

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
11/27/2019 2:31 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	8,765,553	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	6,206,365	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	14,971,918	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	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	8,765,553				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	6,206,365				2.00
3.00	Total (sum of lines 1-2)	0	14,971,918				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
11/27/2019 2:31 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	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	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	10,132,761	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,176,914	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	16,309,675	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	10,132,761	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	6,176,914	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	16,309,675	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0179

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

Worksheet A-8

Date/Time Prepared:
11/27/2019 2:31 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	20,626	ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-96,359	CAP REL COSTS-BLDG & FIXT	1.00	9	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-63,492	ADMINISTRATIVE & GENERAL	5.00	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	-10,859,451			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	54,255			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-296	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	-24,822	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		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	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	*** Cost Center Deleted ***	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: 14-0179

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

Worksheet A-8

Date/Time Prepared:
11/27/2019 2:31 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
33.03 LABORATORY REVENUES	B	-9,256	LABORATORY	60.00	0	33.03
33.04 PHARMACY MISC REVENUE	B	-40,141	PHARMACY	15.00	0	33.04
33.05 RADIOLOGY ADMIN	B	-3,823	RADIOLOGY-DIAGNOSTIC	54.00	0	33.05
33.09 HUMAN RESOURCES MISC REVENUE	B	-7,831	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.09
33.15 TELE & COMM MISC REVENUE	B	-1,510	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.16 ANSWERING SVCE INCOME	B	-235,662	ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.25 CAFETERIA REVENUE	B	-668,951	CAFETERIA	11.00	0	33.25
33.27 MEDICAL STAFF APPLICATION REVEN	B	-58,000	ADMINISTRATIVE & GENERAL	5.00	0	33.27
33.28 HOUSEKEEPING	B	-7,197	HOUSEKEEPING	9.00	0	33.28
33.29 EMPLOYEE HEALTH	A	-263,428	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.29
33.30 BUS OFFICE/ADMITTING REVENUE	B	-6,723	ADMINISTRATIVE & GENERAL	5.00	0	33.30
33.32 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.32
33.33 SECURITY PURCH SERVICES REVENUE	B	-913	OPERATION OF PLANT	7.00	0	33.33
33.39 LINEN OTHER REVENUE	B	-11,605	LAUNDRY & LINEN SERVICE	8.00	0	33.39
33.41 HEALTH EDUCATION CENTER REVENUE	B	-112,427	ADMINISTRATIVE & GENERAL	5.00	0	33.41
33.43 AFFILIATES REVENUE	B	-607,761	ADMINISTRATIVE & GENERAL	5.00	0	33.43
33.45 MISCELLANEOUS REVENUE	B	-76,951	ADMINISTRATIVE & GENERAL	5.00	0	33.45
33.46 REAL ESTATE TAXES	A	-16,026	ADMINISTRATIVE & GENERAL	5.00	0	33.46
33.47 ELIMINATE PENSION CREDIT	A	619,146	ADMINISTRATIVE & GENERAL	5.00	0	33.47
33.52 NON-ALLOWABLE ADMIN COSTS	A	-177,949	ADMINISTRATIVE & GENERAL	5.00	9	33.52
33.53 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.53
33.58 OTHER REVENUE	B	-2,100	DIETARY	10.00	0	33.58
34.00 CARE DEPOT OTHER REV	B	-426	ADULTS & PEDIATRICS	30.00	0	34.00
34.01 MEDICAID TAX	A	-11,058,785	ADMINISTRATIVE & GENERAL	5.00	0	34.01
34.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.02
34.05 NON-ALLOWABLE DUES	A	-39,481	ADMINISTRATIVE & GENERAL	5.00	9	34.05
34.06 DEPR TELEPHONES, PATIENT PORTIO	A	-21,626	CAP REL COSTS-MVBLE EQUIP	2.00	9	34.06
34.07 NON-ALLOWABLE INTEREST EXPENSE	A	-3,242,489	CAP REL COSTS-BLDG & FIXT	1.00	9	34.07
34.08 MARKETING COSTS	A	-649,322	ADMINISTRATIVE & GENERAL	5.00	9	34.08
34.24 EMPLOYEE HEALTH COSTS	A	-2,904,106	ADMINISTRATIVE & GENERAL	5.00	0	34.24
34.26 PHYSICIAN MATCH EXPENSES	A	-21,239	ADMINISTRATIVE & GENERAL	5.00	0	34.26
34.27 PHYS MATCH DEPR	A	-7,825	CAP REL COSTS-MVBLE EQUIP	2.00	9	34.27
34.40 NON-ALLOWABLE DEPRECIATION	A	-133,761	CAP REL COSTS-BLDG & FIXT	1.00	9	34.40
34.65 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.65
34.66 OTHER REVENUE	B	-85	CARE STATIONS	90.02	0	34.66
34.67 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.67
34.68 MALPRACTICE SELF INS CONTR	A	-2,884,395	ADMINISTRATIVE & GENERAL	5.00	0	34.68
34.69 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.69
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-33,622,187				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: 14-0179

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

Worksheet A-8-1

Date/Time Prepared:
11/27/2019 2:31 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	0.00			0	0	1.00
2.00	0.00			0	0	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	POTTER PAV DEPR COSTS	38,570	0	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	POTTER PAV ADMIN COSTS	32,081	65,789	3.01
3.02	90.00	CLINIC	POTTER PAV ADMIN COSTS	32,964	0	3.02
3.03	90.02	CARE STATIONS	OP CARE CENTER BUILD COST	230,945	213,590	3.03
3.04	90.03	OUTPATIENT CARE CENTER	OP CARE CENTER BUILD COST	204,959	189,556	3.04
3.05	76.30	OS SVCS	OUTSIDE SERVICES	16,329	32,658	3.05
4.00	0.00		POTTER PAV ADMIN COS	0	0	4.00
4.01	0.00		POTTER PAV COSTS	0	0	4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			555,848	501,593	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	C	SW HOSPITAL MRI	0.00		0.00	6.00
7.00	C	LCM INC.	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:				0.00	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.

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

Provider CCN: 14-0179

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

Worksheet A-8-1

Date/Time Prepared:
11/27/2019 2:31 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	0	0		1.00
2.00	0	0		2.00
3.00	38,570	9		3.00
3.01	-33,708	0		3.01
3.02	32,964	0		3.02
3.03	17,355	0		3.03
3.04	15,403	0		3.04
3.05	-16,329	0		3.05
4.00	0	0		4.00
4.01	0	0		4.01
5.00	54,255			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			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: 14-0179

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

Worksheet A-8-2

Date/Time Prepared:
11/27/2019 2:31 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	ADMINISTRATIVE & GENERAL	3,055,594	3,010,566	45,028	177,800	347	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,675,458	1,378,578	13,184	177,800	128	2.00
3.00	34.10	NICU	916,099	894,892	0	0	0	3.00
4.00	40.00	SUBPROVIDER - IPF	39,742	0	39,742	177,800	60	4.00
5.00	50.00	OPERATING ROOM	237,635	155,471	0	0	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	44,714	0	44,714	177,800	240	6.00
7.00	53.00	ANESTHESIOLOGY	3,443,341	2,002,059	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	48,462	30,673	0	0	0	8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	198,371	0	59,663	177,800	252	10.00
11.00	60.00	LABORATORY	31,164	31,164	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	103,200	0	103,200	177,800	516	12.00
13.00	69.00	ELECTROCARDIOLOGY	134,871	0	134,871	177,800	671	13.00
14.00	74.00	RENAL DIALYSIS	22,500	0	22,500	177,800	147	14.00
15.00	90.02	CARE STATIONS	727,319	594,872	52,000	177,800	413	15.00
16.00	91.00	EMERGENCY	370,553	0	0	0	0	16.00
17.00	93.00	OUTPATIENT REHAB	14,782	0	14,782	177,800	60	17.00
18.00	93.10	WOUND CARE CENTER	37,725	0	37,725	177,800	240	18.00
20.00	16.00	MEDICAL RECORDS & LIBRARY	20,689	20,689	0	0	0	20.00
200.00			11,122,219	8,118,964	567,409		3,074	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	ADMINISTRATIVE & GENERAL	29,662	1,483	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	10,941	547	0	0	0	2.00
3.00	34.10	NICU	0	0	0	0	0	3.00
4.00	40.00	SUBPROVIDER - IPF	5,129	256	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	20,515	1,026	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	21,541	1,077	0	0	0	10.00
11.00	60.00	LABORATORY	0	0	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	44,108	2,205	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	57,358	2,868	0	0	0	13.00
14.00	74.00	RENAL DIALYSIS	12,566	628	0	0	0	14.00
15.00	90.02	CARE STATIONS	35,304	1,765	0	0	0	15.00
16.00	91.00	EMERGENCY	0	0	0	0	0	16.00
17.00	93.00	OUTPATIENT REHAB	5,129	256	0	0	0	17.00
18.00	93.10	WOUND CARE CENTER	20,515	1,026	0	0	0	18.00
20.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	20.00
200.00			262,768	13,137	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	ADMINISTRATIVE & GENERAL	0	29,662	15,366	3,025,932		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	10,941	2,243	1,664,517		2.00
3.00	34.10	NICU	0	0	0	916,099		3.00
4.00	40.00	SUBPROVIDER - IPF	0	5,129	34,613	34,613		4.00
5.00	50.00	OPERATING ROOM	0	0	0	237,635		5.00
6.00	31.00	INTENSIVE CARE UNIT	0	20,515	24,199	24,199		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	3,443,341		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	48,462		8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0		9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	21,541	38,122	176,830		10.00
11.00	60.00	LABORATORY	0	0	0	31,164		11.00
12.00	65.00	RESPIRATORY THERAPY	0	44,108	59,092	59,092		12.00
13.00	69.00	ELECTROCARDIOLOGY	0	57,358	77,513	77,513		13.00
14.00	74.00	RENAL DIALYSIS	0	12,566	9,934	9,934		14.00
15.00	90.02	CARE STATIONS	0	35,304	16,696	692,015		15.00
16.00	91.00	EMERGENCY	0	0	0	370,553		16.00
17.00	93.00	OUTPATIENT REHAB	0	5,129	9,653	9,653		17.00
18.00	93.10	WOUND CARE CENTER	0	20,515	17,210	17,210		18.00
20.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	20,689		20.00
200.00			0	262,768	304,641	10,859,451		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/27/2019 2:31 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	10,132,761	10,132,761			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	6,176,914		6,176,914		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,265,450	7,268	5,798	2,278,516	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	18,633,387	822,125	1,737,357	342,083	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	7,327,101	1,075,174	197,456	85,385	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	365,658	173,659	1,869	6,400	8.00
9.00	00900	HOUSEKEEPING	2,671,547	70,745	32,478	93,677	9.00
10.00	01000	DIETARY	1,406,092	218,604	12,091	33,307	10.00
11.00	01100	CAFETERIA	615,180	151,473	0	22,718	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,882,392	20,808	832,510	43,198	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	4,302,370	84,477	102,455	50,736	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,478,375	161,610	5,454	44,454	16.00
17.00	01700	SOCIAL SERVICE	1,008,939	12,202	0	19,508	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	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	183,095	33,087	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,913,512	2,284,376	304,503	502,465	30.00
31.00	03100	INTENSIVE CARE UNIT	5,012,992	239,068	65,476	75,931	31.00
34.10	02060	NICU	1,402,094	330,870	202,511	19,481	34.10
40.00	04000	SUBPROVIDER - IPF	1,588,585	263,740	6,710	25,252	40.00
43.00	04300	NURSERY	898,843	25,666	0	13,745	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,269,333	649,882	560,763	105,149	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,020,314	307,345	141,643	48,464	52.00
53.00	05300	ANESTHESIOLOGY	474,850	8,702	103,797	3,598	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,253,135	702,936	441,480	58,494	54.00
54.01	03440	BREAST HEALTH CENTER	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,183,336	665,947	40,047	27,740	55.00
56.00	05600	RADIOISOTOPE	1,399,909	64,185	6,588	8,784	56.00
56.10	03630	ULTRASOUND	1,462,001	44,753	87,509	19,839	56.10
57.00	05700	CT SCAN	1,491,670	30,084	851	17,991	57.00
58.00	05800	MRI	767,428	32,054	26,948	9,715	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,719,907	161,801	188,382	13,432	59.00
60.00	06000	LABORATORY	9,451,445	236,773	155,571	103,415	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,742,118	46,284	95,312	49,673	65.00
65.01	03952	SLEEP LAB	303,356	50,874	21,063	5,650	65.01
66.00	06600	PHYSICAL THERAPY	2,335,487	132,539	14,661	37,505	66.00
68.00	06800	SPEECH PATHOLOGY	378,558	4,303	1,508	5,078	68.00
69.00	06900	ELECTROCARDIOLOGY	1,770,547	30,964	85,124	28,715	69.00
69.01	06901	C-PORT	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	74,451	29,836	10,282	1,719	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,755,279	72,141	34,609	13,243	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,732,972	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,284,371	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,057,109	31,366	29,129	12,595	74.00
75.10	03340	GI LAB	1,553,805	147,457	329,533	23,018	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0	0	76.10
76.20	03290	EMG	0	0	0	0	76.20
76.30	03953	OS SVCS	11,784	0	0	0	76.30
76.40	03040	AUDIOLOGY	0	0	0	0	76.40
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	909,113	40,355	10,072	15,511	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	222,337	0	14,460	3,998	90.01
90.02	09002	CARE STATIONS	2,333,578	0	28,518	39,998	90.02
90.03	09003	OUPATIENT CARE CENTER	2,982,646	0	91,670	47,157	90.03
91.00	09100	EMERGENCY	7,035,085	283,247	74,304	117,062	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/27/2019 2:31 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
93.00	04951	OUTPATIENT REHAB	1,350,160	208,658	1,624	23,996	1,584,438	93.00
93.10	04950	WOUND CARE CENTER	882,090	31,939	5,182	11,272	930,483	93.10
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	2,417,780	0	39,680	28,925	2,486,385	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,460,546	0	27,828	17,265	1,505,639	116.00
117.00	06950	MOBILE MED	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	182,351,787	9,989,377	6,174,806	2,277,341	182,205,120	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20,273	0	0	20,273	190.00
191.10	19101	ADULT DAY CARE	0	0	0	0	0	191.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	871,097	35,000	2,108	1,175	909,380	192.00
192.01	19201	VACANT SPACE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	36,147	0	0	36,147	193.00
194.00	07950	FUND DEVELOPMENT	0	51,964	0	0	51,964	194.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	183,222,884	10,132,761	6,176,914	2,278,516	183,222,884	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/27/2019 2:31 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	
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	21,534,952					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	1,156,753	0	9,841,869			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	72,932	0	207,716	828,234		8.00
9.00	00900	HOUSEKEEPING	382,043	0	84,619	16,478	3,351,587	9.00
10.00	01000	DIETARY	222,436	0	261,475	0	91,770	10.00
11.00	01100	CAFETERIA	105,135	0	181,180	0	63,588	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	503,305	0	24,889	0	8,735	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	604,679	0	101,044	0	35,463	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	358,261	0	193,304	29	67,844	16.00
17.00	01700	SOCIAL SERVICE	138,602	0	14,595	0	5,122	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	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	28,793	0	39,576	0	13,890	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,996,347	0	2,732,378	241,349	958,979	30.00
31.00	03100	INTENSIVE CARE UNIT	718,345	0	285,953	31,180	100,360	31.00
34.10	02060	NICU	260,377	0	395,758	4,570	138,899	34.10
40.00	04000	SUBPROVIDER - IPF	250,964	0	315,463	4,168	110,718	40.00
43.00	04300	NURSERY	124,964	0	30,700	0	10,775	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,276,624	0	777,333	283,009	272,820	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	468,524	0	367,621	60,046	129,023	52.00
53.00	05300	ANESTHESIOLOGY	78,707	0	10,409	0	3,653	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	726,680	0	840,792	33,219	295,092	54.00
54.01	03440	BREAST HEALTH CENTER	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	255,331	0	796,549	1,193	279,564	55.00
56.00	05600	RADIOISOTOPE	197,047	0	76,773	5,359	26,945	56.00
56.10	03630	ULTRASOUND	214,979	0	53,530	10,185	18,787	56.10
57.00	05700	CT SCAN	205,189	0	35,984	11,275	12,629	57.00
58.00	05800	MRI	111,364	0	38,341	2,598	13,456	58.00
59.00	05900	CARDIAC CATHETERIZATION	277,500	0	193,533	2,216	67,924	59.00
60.00	06000	LABORATORY	1,324,848	0	283,207	2,776	99,397	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	390,692	0	55,360	39	19,430	65.00
65.01	03952	SLEEP LAB	50,737	0	60,851	1,283	21,357	65.01
66.00	06600	PHYSICAL THERAPY	335,659	0	158,532	11,471	55,640	66.00
68.00	06800	SPEECH PATHOLOGY	51,870	0	5,147	0	1,806	68.00
69.00	06900	ELECTROCARDIOLOGY	255,102	0	37,037	4,489	12,999	69.00
69.01	06901	C-PORT	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	15,488	0	35,687	614	12,525	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	782,516	0	86,289	0	30,285	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	497,187	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,769,319	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	150,529	0	37,517	4,222	13,167	74.00
75.10	03340	GI LAB	273,543	0	176,376	7,770	61,902	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0	0	0	76.10
76.20	03290	EMG	0	0	0	0	0	76.20
76.30	03953	OS SVCS	1,569	0	0	0	0	76.30
76.40	03040	AUDIOLOGY	0	0	0	0	0	76.40
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	129,865	0	48,269	943	16,941	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	32,071	0	0	0	0	90.01
90.02	09002	CARE STATIONS	319,930	0	0	2,743	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	415,743	0	0	6,838	0	90.03
91.00	09100	EMERGENCY	1,000,202	0	338,797	74,520	118,907	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	OUTPATIENT REHAB	211,028	0	249,579	0	87,595	93.00
93.10	04950	WOUND CARE CENTER	123,929	0	38,203	3,652	13,408	93.10
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20

COST ALLOCATION - GENERAL SERVICE COSTS

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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	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	331,157	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	200,533	0	0	0	0	116.00
117.00	06950	MOBILE MED	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,399,398	0	9,670,366	828,234	3,291,395	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,700	0	24,249	0	8,511	190.00
191.10	19101	ADULT DAY CARE	0	0	0	0	0	191.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	121,119	0	41,863	0	14,693	192.00
192.01	19201	VACANT SPACE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	4,814	0	43,236	0	15,174	193.00
194.00	07950	FUND DEVELOPMENT	6,921	0	62,155	0	21,814	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	21,534,952	0	9,841,869	828,234	3,351,587	202.00

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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	
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	2,245,775					10.00
11.00	01100	CAFETERIA	0	1,139,274				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	31,596	0	4,347,433		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	37,110	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	32,515	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	14,268	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	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,912,836	367,518	0	1,764,824	0	30.00
31.00	03100	INTENSIVE CARE UNIT	201,596	55,538	0	279,930	0	31.00
34.10	02060	NICU	0	14,249	0	266,695	0	34.10
40.00	04000	SUBPROVIDER - IPF	131,343	18,470	0	88,694	0	40.00
43.00	04300	NURSERY	0	10,053	0	48,276	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	76,909	0	369,319	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	35,448	0	170,220	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,632	0	12,638	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	42,784	0	205,451	0	54.00
54.01	03440	BREAST HEALTH CENTER	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,290	0	97,432	0	55.00
56.00	05600	RADIOISOTOPE	0	6,425	0	30,854	0	56.00
56.10	03630	ULTRASOUND	0	14,511	0	0	0	56.10
57.00	05700	CT SCAN	0	13,159	0	0	0	57.00
58.00	05800	MRI	0	7,106	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,824	0	0	0	59.00
60.00	06000	LABORATORY	0	75,640	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	36,332	0	174,467	0	65.00
65.01	03952	SLEEP LAB	0	4,133	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	27,432	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	3,714	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	21,003	0	0	0	69.00
69.01	06901	C-PORT	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,257	0	6,037	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,686	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	9,213	0	0	0	74.00
75.10	03340	GI LAB	0	16,836	0	80,846	0	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0	0	0	76.10
76.20	03290	EMG	0	0	0	0	0	76.20
76.30	03953	OS SVCS	0	0	0	0	0	76.30
76.40	03040	AUDIOLOGY	0	0	0	0	0	76.40
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	11,345	0	54,481	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0	0	90.01
90.02	09002	CARE STATIONS	0	0	0	0	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	85,622	0	411,159	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04951	OUTPATIENT REHAB	0	17,552	0	84,283	0	93.00
93.10	04950	WOUND CARE CENTER	0	8,245	0	39,592	0	93.10
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

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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	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	101,594	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	60,641	0	116.00
117.00	06950	MOBILE MED	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,245,775	1,138,415	0	4,347,433	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.10	19101	ADULT DAY CARE	0	0	0	0	0	191.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	859	0	0	0	192.00
192.01	19201	VACANT SPACE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FUND DEVELOPMENT	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,245,775	1,139,274	0	4,347,433	0	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	5,318,334					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,341,846				16.00
17.00	01700	SOCIAL SERVICE	0	0	1,213,236			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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,023	405,475	927,581	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	524	52,796	97,759	0	0	31.00
34.10	02060	NICU	59	14,732	25,792	0	0	34.10
40.00	04000	SUBPROVIDER - IPF	62	16,199	63,692	0	0	40.00
43.00	04300	NURSERY	0	10,823	39,731	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,683	199,348	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	140	50,468	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	14,846	52,831	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,885	156,868	0	0	0	54.00
54.01	03440	BREAST HEALTH CENTER	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,360	44,587	0	0	0	55.00
56.00	05600	RADIOISOTOPE	115,919	43,443	0	0	0	56.00
56.10	03630	ULTRASOUND	134	62,645	0	0	0	56.10
57.00	05700	CT SCAN	22,719	293,244	0	0	0	57.00
58.00	05800	MRI	18,010	36,125	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,127	77,620	0	0	0	59.00
60.00	06000	LABORATORY	535	480,848	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,874	108,089	0	0	0	65.00
65.01	03952	SLEEP LAB	0	7,208	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	20	36,859	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	8,794	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	32	68,349	0	0	0	69.00
69.01	06901	C-PORT	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,087	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2	71,979	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	66,725	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,034,033	421,603	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1	16,584	0	0	0	74.00
75.10	03340	GI LAB	316	60,802	0	0	0	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0	0	0	76.10
76.20	03290	EMG	0	0	0	0	0	76.20
76.30	03953	OS SVCS	0	107	0	0	0	76.30
76.40	03040	AUDIOLOGY	0	0	0	0	0	76.40
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	3,583	5,725	0	0	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	3,582	0	0	0	90.01
90.02	09002	CARE STATIONS	12,067	20,472	0	0	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	12,706	63,412	0	0	0	90.03
91.00	09100	EMERGENCY	2,044	336,592	58,681	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	OUTPATIENT REHAB	93	14,327	0	0	0	93.00
93.10	04950	WOUND CARE CENTER	2,308	15,136	0	0	0	93.10
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

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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	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	86	8,620	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	6,143	4,742	0		0	116.00
117.00	06950	MOBILE MED	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,318,334	3,341,846	1,213,236	0		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.10	19101	ADULT DAY CARE	0	0	0	0	0	191.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	VACANT SPACE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FUND DEVELOPMENT	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,318,334	3,341,846	1,213,236	0		202.00

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
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	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		298,441				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	298,441	0	43,614,607	-298,441	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	7,217,448	0	31.00
34.10	02060	NICU	0	0	0	3,076,087	0	34.10
40.00	04000	SUBPROVIDER - IPF	0	0	0	2,884,060	0	40.00
43.00	04300	NURSERY	0	0	0	1,213,576	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	12,851,172	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,799,256	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	766,663	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	7,797,816	0	54.00
54.01	03440	BREAST HEALTH CENTER	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	3,413,376	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	1,982,231	0	56.00
56.10	03630	ULTRASOUND	0	0	0	1,988,873	0	56.10
57.00	05700	CT SCAN	0	0	0	2,134,795	0	57.00
58.00	05800	MRI	0	0	0	1,063,145	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,725,266	0	59.00
60.00	06000	LABORATORY	0	0	0	12,214,455	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	3,719,670	0	65.00
65.01	03952	SLEEP LAB	0	0	0	526,512	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	3,145,805	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	460,778	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,314,361	0	69.00
69.01	06901	C-PORT	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	191,983	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,856,029	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,296,884	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	20,509,326	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,361,432	0	74.00
75.10	03340	GI LAB	0	0	0	2,732,204	0	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0	0	0	76.10
76.20	03290	EMG	0	0	0	0	0	76.20
76.30	03953	OS SVCS	0	0	0	13,460	0	76.30
76.40	03040	AUDIOLOGY	0	0	0	0	0	76.40
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	1,246,203	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	276,448	0	90.01
90.02	09002	CARE STATIONS	0	0	0	2,757,306	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	0	0	3,620,172	0	90.03
91.00	09100	EMERGENCY	0	0	0	9,936,222	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:
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Part I
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
93.00	04951	OUTPATIENT REHAB	0	0	0	2,248,895	0	93.00
93.10	04950	WOUND CARE CENTER	0	0	0	1,174,956	0	93.10
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	2,927,842	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE			0	1,777,698	0	116.00
117.00	06950	MOBILE MED	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	298,441	0	181,837,012	-298,441	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	55,733	0	190.00
191.10	19101	ADULT DAY CARE	0	0	0	0	0	191.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,087,914	0	192.00
192.01	19201	VACANT SPACE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	99,371	0	193.00
194.00	07950	FUND DEVELOPMENT	0	0	0	142,854	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	298,441	0	183,222,884	-298,441	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		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
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
34.10	02060	NICU	34.10
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03440	BREAST HEALTH CENTER	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
56.10	03630	ULTRASOUND	56.10
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
65.00	06500	RESPIRATORY THERAPY	65.00
65.01	03952	SLEEP LAB	65.01
66.00	06600	PHYSICAL THERAPY	66.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	06901	C-PORT	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.10	03340	GI LAB	75.10
76.00	03951	ENTEROSTOMAL THERAPY	76.00
76.10	03950	NEUROLOGY	76.10
76.20	03290	EMG	76.20
76.30	03953	OS SVCS	76.30
76.40	03040	AUDIOLOGY	76.40
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	90.01
90.02	09002	CARE STATIONS	90.02
90.03	09003	OUTPATIENT CARE CENTER	90.03
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
93.00	04951	OUTPATIENT REHAB	93.00
93.10	04950	WOUND CARE CENTER	93.10
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Total	
			26.00	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	99.40
101.00	10100	HOME HEALTH AGENCY	2,927,842	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	1,777,698	116.00
117.00	06950	MOBILE MED	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	181,538,571	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	55,733	190.00
191.10	19101	ADULT DAY CARE	0	191.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,087,914	192.00
192.01	19201	VACANT SPACE	0	192.01
193.00	19300	NONPAID WORKERS	99,371	193.00
194.00	07950	FUND DEVELOPMENT	142,854	194.00
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	182,924,443	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0179

Period:
From 07/01/2018
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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
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	432	7,268	5,798	13,498	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	105,982	822,125	1,737,357	2,665,464	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	3,257	1,075,174	197,456	1,275,887	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	173,659	1,869	175,528	8.00
9.00	00900	HOUSEKEEPING	26,443	70,745	32,478	129,666	9.00
10.00	01000	DIETARY	1,346	218,604	12,091	232,041	10.00
11.00	01100	CAFETERIA	504	151,473	0	151,977	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	761	20,808	832,510	854,079	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	14,766	84,477	102,455	201,698	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	108	161,610	5,454	167,172	16.00
17.00	01700	SOCIAL SERVICE	0	12,202	0	12,202	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	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	33,087	0	33,087	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,704	2,284,376	304,503	2,590,583	30.00
31.00	03100	INTENSIVE CARE UNIT	941	239,068	65,476	305,485	31.00
34.10	02060	NICU	0	330,870	202,511	533,381	34.10
40.00	04000	SUBPROVIDER - IPF	108	263,740	6,710	270,558	40.00
43.00	04300	NURSERY	0	25,666	0	25,666	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,895	649,882	560,763	1,217,540	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,374	307,345	141,643	450,362	52.00
53.00	05300	ANESTHESIOLOGY	216	8,702	103,797	112,715	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,793	702,936	441,480	1,146,209	54.00
54.01	03440	BREAST HEALTH CENTER	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	840	665,947	40,047	706,834	55.00
56.00	05600	RADIOISOTOPE	477	64,185	6,588	71,250	56.00
56.10	03630	ULTRASOUND	108	44,753	87,509	132,370	56.10
57.00	05700	CT SCAN	0	30,084	851	30,935	57.00
58.00	05800	MRI	442	32,054	26,948	59,444	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,228	161,801	188,382	353,411	59.00
60.00	06000	LABORATORY	702	236,773	155,571	393,046	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	27,801	46,284	95,312	169,397	65.00
65.01	03952	SLEEP LAB	68	50,874	21,063	72,005	65.01
66.00	06600	PHYSICAL THERAPY	1,188	132,539	14,661	148,388	66.00
68.00	06800	SPEECH PATHOLOGY	14,748	4,303	1,508	20,559	68.00
69.00	06900	ELECTROCARDIOLOGY	1,149	30,964	85,124	117,237	69.00
69.01	06901	C-PORT	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	29,836	10,282	40,118	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	55,822	72,141	34,609	162,572	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	864	31,366	29,129	61,359	74.00
75.10	03340	GI LAB	324	147,457	329,533	477,314	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0	0	76.10
76.20	03290	EMG	0	0	0	0	76.20
76.30	03953	OS SVCS	0	0	0	0	76.30
76.40	03040	AUDIOLOGY	0	0	0	0	76.40
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	216	40,355	10,072	50,643	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	28,812	0	14,460	43,272	90.01
90.02	09002	CARE STATIONS	185,980	0	28,518	214,498	90.02
90.03	09003	OUTPATIENT CARE CENTER	167,262	0	91,670	258,932	90.03
91.00	09100	EMERGENCY	540	283,247	74,304	358,091	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
93.00	04951	OUTPATIENT REHAB	320	208,658	1,624	210,602	93.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
93.10	04950	WOUND CARE CENTER	276	31,939	5,182	37,397	67	93.10
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	39,680	39,680	171	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	27,828	27,828	102	116.00
117.00	06950	MOBILE MED	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	657,797	9,989,377	6,174,806	16,821,980	13,491	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20,273	0	20,273	0	190.00
191.10	19101	ADULT DAY CARE	0	0	0	0	0	191.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	35,000	2,108	37,108	7	192.00
192.01	19201	VACANT SPACE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	36,147	0	36,147	0	193.00
194.00	07950	FUND DEVELOPMENT	0	51,964	0	51,964	0	194.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	657,797	10,132,761	6,176,914	16,967,472	13,498	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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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	2,667,491					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	143,287	0	1,419,680			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,034	0	29,963	214,563		8.00
9.00	00900	HOUSEKEEPING	47,324	0	12,206	4,269	194,020	9.00
10.00	01000	DIETARY	27,553	0	37,718	0	5,312	10.00
11.00	01100	CAFETERIA	13,023	0	26,135	0	3,681	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	62,344	0	3,590	0	506	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	74,902	0	14,576	0	2,053	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	44,378	0	27,884	7	3,927	16.00
17.00	01700	SOCIAL SERVICE	17,169	0	2,105	0	297	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	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,567	0	5,709	0	804	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	494,985	0	394,142	62,524	55,514	30.00
31.00	03100	INTENSIVE CARE UNIT	88,981	0	41,248	8,078	5,810	31.00
34.10	02060	NICU	32,253	0	57,088	1,184	8,041	34.10
40.00	04000	SUBPROVIDER - IPF	31,087	0	45,505	1,080	6,409	40.00
43.00	04300	NURSERY	15,479	0	4,428	0	624	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	158,135	0	112,130	73,318	15,793	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	58,036	0	53,029	15,555	7,469	52.00
53.00	05300	ANESTHESIOLOGY	9,749	0	1,501	0	211	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	90,014	0	121,283	8,606	17,083	54.00
54.01	03440	BREAST HEALTH CENTER	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	31,628	0	114,901	309	16,184	55.00
56.00	05600	RADIOISOTOPE	24,408	0	11,074	1,388	1,560	56.00
56.10	03630	ULTRASOUND	26,629	0	7,722	2,638	1,088	56.10
57.00	05700	CT SCAN	25,417	0	5,191	2,921	731	57.00
58.00	05800	MRI	13,795	0	5,531	673	779	58.00
59.00	05900	CARDIAC CATHETERIZATION	34,374	0	27,917	574	3,932	59.00
60.00	06000	LABORATORY	164,109	0	40,852	719	5,754	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	48,395	0	7,986	10	1,125	65.00
65.01	03952	SLEEP LAB	6,285	0	8,778	332	1,236	65.01
66.00	06600	PHYSICAL THERAPY	41,578	0	22,868	2,972	3,221	66.00
68.00	06800	SPEECH PATHOLOGY	6,425	0	742	0	105	68.00
69.00	06900	ELECTROCARDIOLOGY	31,599	0	5,342	1,163	752	69.00
69.01	06901	C-PORT	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,919	0	5,148	159	725	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	96,930	0	12,447	0	1,753	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,587	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	219,166	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	18,646	0	5,412	1,094	762	74.00
75.10	03340	GI LAB	33,884	0	25,442	2,013	3,583	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0	0	0	76.10
76.20	03290	EMG	0	0	0	0	0	76.20
76.30	03953	OS SVCS	194	0	0	0	0	76.30
76.40	03040	AUDIOLOGY	0	0	0	0	0	76.40
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	16,086	0	6,963	244	981	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	3,973	0	0	0	0	90.01
90.02	09002	CARE STATIONS	39,630	0	0	711	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	51,498	0	0	1,771	0	90.03
91.00	09100	EMERGENCY	123,895	0	48,871	19,305	6,883	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	OUTPATIENT REHAB	26,140	0	36,002	0	5,071	93.00
93.10	04950	WOUND CARE CENTER	15,351	0	5,511	946	776	93.10
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20

ALLOCATION OF CAPITAL RELATED COSTS

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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	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	41,020	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	24,840	0	0	0	0	116.00
117.00	06950	MOBILE MED	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,650,701	0	1,394,940	214,563	190,535	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	334	0	3,498	0	493	190.00
191.10	19101	ADULT DAY CARE	0	0	0	0	0	191.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,003	0	6,039	0	851	192.00
192.01	19201	VACANT SPACE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	596	0	6,237	0	878	193.00
194.00	07950	FUND DEVELOPMENT	857	0	8,966	0	1,263	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,667,491	0	1,419,680	214,563	194,020	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0179

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	302,821					10.00
11.00	01100	CAFETERIA	0	194,951				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	5,407	0	926,182		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	6,350	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,564	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,442	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	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	257,928	62,891	0	375,979	0	30.00
31.00	03100	INTENSIVE CARE UNIT	27,183	9,504	0	59,637	0	31.00
34.10	02060	NICU	0	2,438	0	56,817	0	34.10
40.00	04000	SUBPROVIDER - IPF	17,710	3,161	0	18,895	0	40.00
43.00	04300	NURSERY	0	1,720	0	10,285	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	13,161	0	78,680	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,066	0	36,264	0	52.00
53.00	05300	ANESTHESIOLOGY	0	450	0	2,692	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,321	0	43,770	0	54.00
54.01	03440	BREAST HEALTH CENTER	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,472	0	20,757	0	55.00
56.00	05600	RADIOISOTOPE	0	1,099	0	6,573	0	56.00
56.10	03630	ULTRASOUND	0	2,483	0	0	0	56.10
57.00	05700	CT SCAN	0	2,252	0	0	0	57.00
58.00	05800	MRI	0	1,216	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,681	0	0	0	59.00
60.00	06000	LABORATORY	0	12,943	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	6,217	0	37,169	0	65.00
65.01	03952	SLEEP LAB	0	707	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	4,694	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	636	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,594	0	0	0	69.00
69.01	06901	C-PORT	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	215	0	1,286	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,657	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	1,576	0	0	0	74.00
75.10	03340	GI LAB	0	2,881	0	17,223	0	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0	0	0	76.10
76.20	03290	EMG	0	0	0	0	0	76.20
76.30	03953	OS SVCS	0	0	0	0	0	76.30
76.40	03040	AUDIOLOGY	0	0	0	0	0	76.40
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	1,941	0	11,607	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0	0	90.01
90.02	09002	CARE STATIONS	0	0	0	0	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	14,651	0	87,594	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04951	OUTPATIENT REHAB	0	3,003	0	17,956	0	93.00
93.10	04950	WOUND CARE CENTER	0	1,411	0	8,435	0	93.10
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

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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	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	21,644	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	12,919	0	116.00
117.00	06950	MOBILE MED	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	302,821	194,804	0	926,182	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.10	19101	ADULT DAY CARE	0	0	0	0	0	191.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	147	0	0	0	192.00
192.01	19201	VACANT SPACE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FUND DEVELOPMENT	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	302,821	194,951	0	926,182	0	202.00

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	
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	299,880					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	249,195				16.00
17.00	01700	SOCIAL SERVICE	0	0	34,331			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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	227	30,248	26,249			30.00
31.00	03100	INTENSIVE CARE UNIT	30	3,938	2,766			31.00
34.10	02060	NICU	3	1,099	730			34.10
40.00	04000	SUBPROVIDER - IPF	3	1,208	1,802			40.00
43.00	04300	NURSERY	0	807	1,124			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	602	14,871	0			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8	3,765	0			52.00
53.00	05300	ANESTHESIOLOGY	837	3,941	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,305	11,702	0			54.00
54.01	03440	BREAST HEALTH CENTER	0	0	0			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	77	3,326	0			55.00
56.00	05600	RADIOISOTOPE	6,536	3,241	0			56.00
56.10	03630	ULTRASOUND	8	4,673	0			56.10
57.00	05700	CT SCAN	1,281	21,875	0			57.00
58.00	05800	MRI	1,015	2,695	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	740	5,790	0			59.00
60.00	06000	LABORATORY	30	35,770	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
65.00	06500	RESPIRATORY THERAPY	106	8,063	0			65.00
65.01	03952	SLEEP LAB	0	538	0			65.01
66.00	06600	PHYSICAL THERAPY	1	2,750	0			66.00
68.00	06800	SPEECH PATHOLOGY	0	656	0			68.00
69.00	06900	ELECTROCARDIOLOGY	2	5,099	0			69.00
69.01	06901	C-PORT	0	0	0			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	305	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,370	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,978	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	283,852	31,451	0			73.00
74.00	07400	RENAL DIALYSIS	0	1,237	0			74.00
75.10	03340	GI LAB	18	4,536	0			75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0			76.00
76.10	03950	NEUROLOGY	0	0	0			76.10
76.20	03290	EMG	0	0	0			76.20
76.30	03953	OS SVCS	0	8	0			76.30
76.40	03040	AUDIOLOGY	0	0	0			76.40
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	202	427	0			90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	267	0			90.01
90.02	09002	CARE STATIONS	680	1,527	0			90.02
90.03	09003	OUTPATIENT CARE CENTER	716	4,730	0			90.03
91.00	09100	EMERGENCY	115	25,109	1,660			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	OUTPATIENT REHAB	5	1,069	0			93.00
93.10	04950	WOUND CARE CENTER	130	1,129	0			93.10
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	5	643	0			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	346	354	0			116.00
117.00	06950	MOBILE MED	0	0	0			117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	299,880	249,195	34,331	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
191.10	19101	ADULT DAY CARE	0	0	0			191.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	VACANT SPACE	0	0	0			192.01
193.00	19300	NONPAID WORKERS	0	0	0			193.00
194.00	07950	FUND DEVELOPMENT	0	0	0			194.00
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)	299,880	249,195	34,331	0	0	202.00

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
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	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		43,167				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				4,354,245	0	30.00
31.00	03100	INTENSIVE CARE UNIT				553,110	0	31.00
34.10	02060	NICU				693,149	0	34.10
40.00	04000	SUBPROVIDER - IPF				397,568	0	40.00
43.00	04300	NURSERY				60,214	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				1,684,853	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				630,841	0	52.00
53.00	05300	ANESTHESIOLOGY				132,117	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				1,448,640	0	54.00
54.01	03440	BREAST HEALTH CENTER				0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC				897,652	0	55.00
56.00	05600	RADIOISOTOPE				127,181	0	56.00
56.10	03630	ULTRASOUND				177,729	0	56.10
57.00	05700	CT SCAN				90,710	0	57.00
58.00	05800	MRI				85,206	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				428,499	0	59.00
60.00	06000	LABORATORY				653,836	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	0	62.30
65.00	06500	RESPIRATORY THERAPY				278,762	0	65.00
65.01	03952	SLEEP LAB				89,914	0	65.01
66.00	06600	PHYSICAL THERAPY				226,694	0	66.00
68.00	06800	SPEECH PATHOLOGY				29,153	0	68.00
69.00	06900	ELECTROCARDIOLOGY				164,958	0	69.00
69.01	06901	C-PORT				0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY				49,885	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				280,807	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				66,565	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				534,469	0	73.00
74.00	07400	RENAL DIALYSIS				90,161	0	74.00
75.10	03340	GI LAB				567,030	0	75.10
76.00	03951	ENTEROSTOMAL THERAPY				0	0	76.00
76.10	03950	NEUROLOGY				0	0	76.10
76.20	03290	EMG				0	0	76.20
76.30	03953	OS SVCS				202	0	76.30
76.40	03040	AUDIOLOGY				0	0	76.40
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				89,186	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER				47,536	0	90.01
90.02	09002	CARE STATIONS				257,283	0	90.02
90.03	09003	OUTPATIENT CARE CENTER				317,926	0	90.03
91.00	09100	EMERGENCY				686,868	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0179

Period:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
93.00	04951	OUTPATIENT REHAB				299,990	0	93.00
93.10	04950	WOUND CARE CENTER				71,153	0	93.10
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF				0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				0	0	99.40
101.00	10100	HOME HEALTH AGENCY				103,163	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE				66,389	0	116.00
117.00	06950	MOBILE MED				0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	16,733,644	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				24,598	0	190.00
191.10	19101	ADULT DAY CARE				0	0	191.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES				59,155	0	192.00
192.01	19201	VACANT SPACE				0	0	192.01
193.00	19300	NONPAID WORKERS				43,858	0	193.00
194.00	07950	FUND DEVELOPMENT				63,050	0	194.00
200.00		Cross Foot Adjustments	0	43,167	0	43,167	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	43,167	0	16,967,472	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0179

Period:
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Cost Center Description		Total	
		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
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
34.10	02060	NICU	34.10
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03440	BREAST HEALTH CENTER	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
56.10	03630	ULTRASOUND	56.10
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
65.00	06500	RESPIRATORY THERAPY	65.00
65.01	03952	SLEEP LAB	65.01
66.00	06600	PHYSICAL THERAPY	66.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	06901	C-PORT	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.10	03340	GI LAB	75.10
76.00	03951	ENTEROSTOMAL THERAPY	76.00
76.10	03950	NEUROLOGY	76.10
76.20	03290	EMG	76.20
76.30	03953	OS SVCS	76.30
76.40	03040	AUDIOLOGY	76.40
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	90.01
90.02	09002	CARE STATIONS	90.02
90.03	09003	OUTPATIENT CARE CENTER	90.03
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
93.00	04951	OUTPATIENT REHAB	93.00
93.10	04950	WOUND CARE CENTER	93.10
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0179

Period:
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Cost Center Description			Total	
			26.00	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	99.40
101.00	10100	HOME HEALTH AGENCY	103,163	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	66,389	116.00
117.00	06950	MOBILE MED	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,733,644	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,598	190.00
191.10	19101	ADULT DAY CARE	0	191.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	59,155	192.00
192.01	19201	VACANT SPACE	0	192.01
193.00	19300	NONPAID WORKERS	43,858	193.00
194.00	07950	FUND DEVELOPMENT	63,050	194.00
200.00		Cross Foot Adjustments	43,167	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	16,967,472	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0179

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTE'S SALARIES))	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT ((SQUARE FEET))	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	529,806					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		6,381,538				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	380	5,990	2,868,523			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	42,986	1,794,908	430,663	-21,534,952	161,687,932	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	56,217	203,997	107,495	0	8,685,116	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,080	1,931	8,057	0	547,586	8.00
9.00	00900	HOUSEKEEPING	3,699	33,554	117,934	0	2,868,447	9.00
10.00	01000	DIETARY	11,430	12,492	41,932	0	1,670,094	10.00
11.00	01100	CAFETERIA	7,920	0	28,601	0	789,371	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,088	860,089	54,384	0	3,778,908	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	4,417	105,849	63,874	0	4,540,038	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,450	5,635	55,965	0	2,689,893	16.00
17.00	01700	SOCIAL SERVICE	638	0	24,559	0	1,040,649	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	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,730	0	0	0	216,182	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	119,442	314,590	632,575	0	30,004,856	30.00
31.00	03100	INTENSIVE CARE UNIT	12,500	67,645	95,593	0	5,393,467	31.00
34.10	02060	NICU	17,300	209,220	24,525	0	1,954,956	34.10
40.00	04000	SUBPROVIDER - IPF	13,790	6,932	31,791	0	1,884,287	40.00
43.00	04300	NURSERY	1,342	0	17,304	0	938,254	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	33,980	579,340	132,377	0	9,585,127	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,070	146,335	61,013	0	3,517,766	52.00
53.00	05300	ANESTHESIOLOGY	455	107,235	4,530	0	590,947	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,754	456,105	73,641	0	5,456,045	54.00
54.01	03440	BREAST HEALTH CENTER	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	34,820	41,374	34,923	0	1,917,070	55.00
56.00	05600	RADIOISOTOPE	3,356	6,806	11,059	0	1,479,466	56.00
56.10	03630	ULTRASOUND	2,340	90,408	24,976	0	1,614,102	56.10
57.00	05700	CT SCAN	1,573	879	22,650	0	1,540,596	57.00
58.00	05800	MRI	1,676	27,841	12,231	0	836,145	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,460	194,623	16,910	0	2,083,522	59.00
60.00	06000	LABORATORY	12,380	160,725	130,193	0	9,947,204	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,420	98,469	62,535	0	2,933,387	65.00
65.01	03952	SLEEP LAB	2,660	21,761	7,113	0	380,943	65.01
66.00	06600	PHYSICAL THERAPY	6,930	15,147	47,217	0	2,520,192	66.00
68.00	06800	SPEECH PATHOLOGY	225	1,558	6,393	0	389,447	68.00
69.00	06900	ELECTROCARDIOLOGY	1,619	87,944	36,150	0	1,915,350	69.00
69.01	06901	C-PORT	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,560	10,623	2,164	0	116,288	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,772	35,756	16,672	0	5,875,272	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,732,972	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	13,284,371	73.00
74.00	07400	RENAL DIALYSIS	1,640	30,094	15,857	0	1,130,199	74.00
75.10	03340	GI LAB	7,710	340,449	28,978	0	2,053,813	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0	0	0	76.10
76.20	03290	EMG	0	0	0	0	0	76.20
76.30	03953	OS SVCS	0	0	0	0	11,784	76.30
76.40	03040	AUDIOLOGY	0	0	0	0	0	76.40
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	2,110	10,406	19,528	0	975,051	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	14,939	5,033	0	240,795	90.01
90.02	09002	CARE STATIONS	0	29,463	50,355	0	2,402,094	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	94,707	59,368	0	3,121,473	90.03
91.00	09100	EMERGENCY	14,810	76,765	147,374	0	7,509,698	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0179

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTE'S SALARIES))	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT ((SQUARE FEET))	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
93.00	04951	OUTPATIENT REHAB	10,910	1,678	30,210	0	1,584,438	93.00
93.10	04950	WOUND CARE CENTER	1,670	5,354	14,191	0	930,483	93.10
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	40,994	36,415	0	2,486,385	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	28,750	21,736	0	1,505,639	116.00
117.00	06950	MOBILE MED	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	522,309	6,379,360	2,867,044	-21,534,952	160,670,168	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,060	0	0	0	20,273	190.00
191.10	19101	ADULT DAY CARE	0		0	0	0	191.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,830	2,178	1,479	0	909,380	192.00
192.01	19201	VACANT SPACE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	1,890	0	0	0	36,147	193.00
194.00	07950	FUND DEVELOPMENT	2,717	0	0	0	51,964	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	10,132,761	6,176,914	2,278,516		21,534,952	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.125418	0.967935	0.794317		0.133188	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			13,498		2,667,491	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.004706		0.016498	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: 14-0179

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS ((SQUARE FEET))	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE ((POUNDS OF LAUNDRY))	HOUSEKEEPING (SQUARE FEET)	DIETARY ((MEALS SERVED))	
			6.00	7.00	8.00	9.00	10.00	
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	430,223				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	9,080	813,616			8.00
9.00	00900	HOUSEKEEPING	0	3,699	16,187	417,444		9.00
10.00	01000	DIETARY	0	11,430	0	11,430	155,169	10.00
11.00	01100	CAFETERIA	0	7,920	0	7,920	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,088	0	1,088	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	4,417	0	4,417	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,450	28	8,450	0	16.00
17.00	01700	SOCIAL SERVICE	0	638	0	638	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	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,730	0	1,730	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	119,442	237,089	119,442	132,165	30.00
31.00	03100	INTENSIVE CARE UNIT	0	12,500	30,630	12,500	13,929	31.00
34.10	02060	NICU	0	17,300	4,489	17,300	0	34.10
40.00	04000	SUBPROVIDER - IPF	0	13,790	4,094	13,790	9,075	40.00
43.00	04300	NURSERY	0	1,342	0	1,342	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	33,980	278,016	33,980	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,070	58,986	16,070	0	52.00
53.00	05300	ANESTHESIOLOGY	0	455	0	455	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	36,754	32,633	36,754	0	54.00
54.01	03440	BREAST HEALTH CENTER	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	34,820	1,172	34,820	0	55.00
56.00	05600	RADIOISOTOPE	0	3,356	5,264	3,356	0	56.00
56.10	03630	ULTRASOUND	0	2,340	10,005	2,340	0	56.10
57.00	05700	CT SCAN	0	1,573	11,076	1,573	0	57.00
58.00	05800	MRI	0	1,676	2,552	1,676	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,460	2,177	8,460	0	59.00
60.00	06000	LABORATORY	0	12,380	2,727	12,380	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	2,420	38	2,420	0	65.00
65.01	03952	SLEEP LAB	0	2,660	1,260	2,660	0	65.01
66.00	06600	PHYSICAL THERAPY	0	6,930	11,269	6,930	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	225	0	225	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,619	4,410	1,619	0	69.00
69.01	06901	C-PORT	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,560	603	1,560	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,772	0	3,772	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	1,640	4,147	1,640	0	74.00
75.10	03340	GI LAB	0	7,710	7,633	7,710	0	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0	0	0	76.10
76.20	03290	EMG	0	0	0	0	0	76.20
76.30	03953	OS SVCS	0	0	0	0	0	76.30
76.40	03040	AUDIOLOGY	0	0	0	0	0	76.40
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	2,110	926	2,110	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0	0	90.01
90.02	09002	CARE STATIONS	0	0	2,695	0	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	0	6,717	0	0	90.03
91.00	09100	EMERGENCY	0	14,810	73,205	14,810	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04951	OUTPATIENT REHAB	0	10,910	0	10,910	0	93.00
93.10	04950	WOUND CARE CENTER	0	1,670	3,588	1,670	0	93.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0179

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

Worksheet B-1

Date/Time Prepared:
11/27/2019 2:31 pm

Cost Center Description		MAINTENANCE & REPAIRS ((SQUARE FEET))	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE ((POUNDS OF LAUNDRY))	HOUSEKEEPING (SQUARE FEET)	DIETARY ((MEALS SERVED))	
		6.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
117.00	06950	MOBILE MED	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	422,726	813,616	409,947	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,060	0	1,060	190.00
191.10	19101	ADULT DAY CARE	0	0	0	0	191.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,830	0	1,830	192.00
192.01	19201	VACANT SPACE	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	1,890	0	1,890	193.00
194.00	07950	FUND DEVELOPMENT	0	2,717	0	2,717	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	9,841,869	828,234	3,351,587	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	22.876204	1.017967	8.028830	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	1,419,680	214,563	194,020	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	3.299870	0.263715	0.464781	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: 14-0179

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

Worksheet B-1

Date/Time Prepared:
11/27/2019 2:31 pm

Cost Center Description			CAFETERIA ((MEALS SERVED))	MAINTENANCE OF PERSONNEL ((NUMBER HOUSED))	NURSING ADMINISTRATION ((DIRECT NRSG HRS))	CENTRAL SERVICES & SUPPLY ((COSTED REQUIS))	PHARMACY ((COSTED REQUIS))	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	1,960,934					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	54,384	0	1,558,274			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0		14.00
15.00	01500	PHARMACY	63,874	0	0	0	14,238,403	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	55,965	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	24,559	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	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	632,575	0	632,575	0	10,771	30.00
31.00	03100	INTENSIVE CARE UNIT	95,593	0	100,337	0	1,404	31.00
34.10	02060	NICU	24,525	0	95,593	0	159	34.10
40.00	04000	SUBPROVIDER - IPF	31,791	0	31,791	0	165	40.00
43.00	04300	NURSERY	17,304	0	17,304	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	132,377	0	132,377	0	28,601	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	61,013	0	61,013	0	376	52.00
53.00	05300	ANESTHESIOLOGY	4,530	0	4,530	0	39,746	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	73,641	0	73,641	0	109,459	54.00
54.01	03440	BREAST HEALTH CENTER	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	34,923	0	34,923	0	3,641	55.00
56.00	05600	RADIOISOTOPE	11,059	0	11,059	0	310,343	56.00
56.10	03630	ULTRASOUND	24,976	0	0	0	360	56.10
57.00	05700	CT SCAN	22,650	0	0	0	60,824	57.00
58.00	05800	MRI	12,231	0	0	0	48,216	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,910	0	0	0	35,145	59.00
60.00	06000	LABORATORY	130,193	0	0	0	1,431	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	62,535	0	62,535	0	5,018	65.00
65.01	03952	SLEEP LAB	7,113	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	47,217	0	0	0	53	66.00
68.00	06800	SPEECH PATHOLOGY	6,393	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	36,150	0	0	0	86	69.00
69.01	06901	C-PORT	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,164	0	2,164	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,672	0	0	0	5	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	13,477,261	73.00
74.00	07400	RENAL DIALYSIS	15,857	0	0	0	4	74.00
75.10	03340	GI LAB	28,978	0	28,978	0	846	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0	0	0	76.10
76.20	03290	EMG	0	0	0	0	0	76.20
76.30	03953	OS SVCS	0	0	0	0	0	76.30
76.40	03040	AUDIOLOGY	0	0	0	0	0	76.40
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	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	19,528	0	19,528	0	9,592	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0	0	90.01
90.02	09002	CARE STATIONS	0	0	0	0	32,307	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	0	0	0	34,016	90.03
91.00	09100	EMERGENCY	147,374	0	147,374	0	5,473	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	OUTPATIENT REHAB	30,210	0	30,210	0	248	93.00
93.10	04950	WOUND CARE CENTER	14,191	0	14,191	0	6,178	93.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0179

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

Worksheet B-1

Date/Time Prepared:
11/27/2019 2:31 pm

Cost Center Description			CAFETERIA ((MEALS SERVED))	MAINTENANCE OF PERSONNEL ((NUMBER HOUSED))	NURSING ADMINISTRATION ((DIRECT NRSG HRS))	CENTRAL SERVICES & SUPPLY ((COSTED REQUIS))	PHARMACY ((COSTED REQUIS))	
			11.00	12.00	13.00	14.00	15.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	36,415	0	230	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	21,736	0	16,445	116.00
117.00	06950	MOBILE MED	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,959,455	0	1,558,274	0	14,238,403	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.10	19101	ADULT DAY CARE	0	0	0	0	0	191.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,479	0	0	0	0	192.00
192.01	19201	VACANT SPACE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FUND DEVELOPMENT	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,139,274	0	4,347,433	0	5,318,334	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.580985	0.000000	2.789903	0.000000	0.373520	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	194,951	0	926,182	0	299,880	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.099417	0.000000	0.594364	0.000000	0.021061	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: 14-0179

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

Worksheet B-1

Date/Time Prepared:
11/27/2019 2:31 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	1,074,657,706					16.00
17.00	01700	SOCIAL SERVICE	0	57,622				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			0	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	130,377,676	44,055	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	16,976,124	4,643	0	0	0	31.00
34.10	02060	NICU	4,737,124	1,225	0	0	0	34.10
40.00	04000	SUBPROVIDER - IPF	5,208,722	3,025	0	0	0	40.00
43.00	04300	NURSERY	3,479,994	1,887	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	64,099,029	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,227,631	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	16,987,320	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,439,928	0	0	0	0	54.00
54.01	03440	BREAST HEALTH CENTER	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	14,336,805	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	13,968,831	0	0	0	0	56.00
56.10	03630	ULTRASOUND	20,143,190	0	0	0	0	56.10
57.00	05700	CT SCAN	94,290,552	0	0	0	0	57.00
58.00	05800	MRI	11,615,687	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,958,240	0	0	0	0	59.00
60.00	06000	LABORATORY	154,722,689	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	34,755,436	0	0	0	0	65.00
65.01	03952	SLEEP LAB	2,317,737	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	11,851,819	0	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	2,827,542	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	21,977,227	0	0	0	0	69.00
69.01	06901	C-PORT	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,314,090	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,144,417	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,455,061	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	135,563,529	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,332,416	0	0	0	0	74.00
75.10	03340	GI LAB	19,550,505	0	0	0	0	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0	0	0	76.10
76.20	03290	EMG	0	0	0	0	0	76.20
76.30	03953	OS SVCS	34,519	0	0	0	0	76.30
76.40	03040	AUDIOLOGY	0	0	0	0	0	76.40
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	1,840,871	0	0	0	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	1,151,761	0	0	0	0	90.01
90.02	09002	CARE STATIONS	6,582,666	0	0	0	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	20,389,650	0	0	0	0	90.03
91.00	09100	EMERGENCY	108,228,793	2,787	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0179

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

Worksheet B-1

Date/Time Prepared:
11/27/2019 2:31 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	
93.00	04951	OUTPATIENT REHAB	4,606,730	0	0	0	0	93.00
93.10	04950	WOUND CARE CENTER	4,866,905	0	0	0	0	93.10
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	2,771,747	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,524,743	0		0		116.00
117.00	06950	MOBILE MED	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,074,657,706	57,622	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.10	19101	ADULT DAY CARE	0	0	0	0	0	191.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	VACANT SPACE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FUND DEVELOPMENT	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,341,846	1,213,236	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.003110	21.055083	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	249,195	34,331	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000232	0.595797	0.000000	0.000000	0.000000	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: 14-0179

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

Worksheet B-1

Date/Time Prepared:
11/27/2019 2:31 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM ((ASSIGNED TIME))	
		SERVICES-OTHER PRGM COSTS APPRV ((ASSIGNED TIME))		
		22.00		
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
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	1,000	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	1,000	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
34.10	02060	NICU	0	34.10
40.00	04000	SUBPROVIDER - IPF	0	40.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	03440	BREAST HEALTH CENTER	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
56.10	03630	ULTRASOUND	0	56.10
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	65.00
65.01	03952	SLEEP LAB	0	65.01
66.00	06600	PHYSICAL THERAPY	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	06901	C-PORT	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.10	03340	GI LAB	0	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	76.00
76.10	03950	NEUROLOGY	0	76.10
76.20	03290	EMG	0	76.20
76.30	03953	OS SVCS	0	76.30
76.40	03040	AUDIOLOGY	0	76.40
76.97	07697	CARDIAC REHABILITATION	0	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	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	90.01
90.02	09002	CARE STATIONS	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	90.03
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet B-1
Date/Time Prepared:
11/27/2019 2:31 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM ((ASSIGNED TIME))	
			SERVICES-OTHER PRGM COSTS APPRV ((ASSIGNED TIME))		
			22.00	23.00	
93.00	04951	OUTPATIENT REHAB	0	0	93.00
93.10	04950	WOUND CARE CENTER	0	0	93.10
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE		0	116.00
117.00	06950	MOBILE MED	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,000	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.10	19101	ADULT DAY CARE	0	0	191.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	VACANT SPACE	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	FUND DEVELOPMENT	0	0	194.00
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	298,441	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	298.441000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	43,167	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	43.167000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/27/2019 2:31 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,316,166		43,316,166	2,243	43,318,409	30.00
31.00	03100	INTENSIVE CARE UNIT	7,217,448		7,217,448	24,199	7,241,647	31.00
34.10	02060	NICU	3,076,087		3,076,087	0	3,076,087	34.10
40.00	04000	SUBPROVIDER - IPF	2,884,060		2,884,060	34,613	2,918,673	40.00
43.00	04300	NURSERY	1,213,576		1,213,576	0	1,213,576	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,851,172		12,851,172	0	12,851,172	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,799,256		4,799,256	0	4,799,256	52.00
53.00	05300	ANESTHESIOLOGY	766,663		766,663	0	766,663	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,797,816		7,797,816	0	7,797,816	54.00
54.01	03440	BREAST HEALTH CENTER	0		0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,413,376		3,413,376	0	3,413,376	55.00
56.00	05600	RADIOISOTOPE	1,982,231		1,982,231	0	1,982,231	56.00
56.10	03630	ULTRASOUND	1,988,873		1,988,873	0	1,988,873	56.10
57.00	05700	CT SCAN	2,134,795		2,134,795	0	2,134,795	57.00
58.00	05800	MRI	1,063,145		1,063,145	0	1,063,145	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,725,266		2,725,266	38,122	2,763,388	59.00
60.00	06000	LABORATORY	12,214,455		12,214,455	0	12,214,455	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,719,670	0	3,719,670	59,092	3,778,762	65.00
65.01	03952	SLEEP LAB	526,512	0	526,512	0	526,512	65.01
66.00	06600	PHYSICAL THERAPY	3,145,805	0	3,145,805	0	3,145,805	66.00
68.00	06800	SPEECH PATHOLOGY	460,778	0	460,778	0	460,778	68.00
69.00	06900	ELECTROCARDIOLOGY	2,314,361		2,314,361	77,513	2,391,874	69.00
69.01	06901	C-PORT	0		0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	191,983		191,983	0	191,983	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,856,029		6,856,029	0	6,856,029	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,296,884		4,296,884	0	4,296,884	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,509,326		20,509,326	0	20,509,326	73.00
74.00	07400	RENAL DIALYSIS	1,361,432		1,361,432	9,934	1,371,366	74.00
75.10	03340	GI LAB	2,732,204		2,732,204	0	2,732,204	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0		0	0	0	76.00
76.10	03950	NEUROLOGY	0		0	0	0	76.10
76.20	03290	EMG	0		0	0	0	76.20
76.30	03953	OS SVCS	13,460		13,460	0	13,460	76.30
76.40	03040	AUDIOLOGY	0		0	0	0	76.40
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	1,246,203		1,246,203	0	1,246,203	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	276,448		276,448	0	276,448	90.01
90.02	09002	CARE STATIONS	2,757,306		2,757,306	16,696	2,774,002	90.02
90.03	09003	OUTPATIENT CARE CENTER	3,620,172		3,620,172	0	3,620,172	90.03
91.00	09100	EMERGENCY	9,936,222		9,936,222	0	9,936,222	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,649,791		5,649,791	0	5,649,791	92.00
93.00	04951	OUTPATIENT REHAB	2,248,895		2,248,895	9,653	2,258,548	93.00
93.10	04950	WOUND CARE CENTER	1,174,956		1,174,956	17,210	1,192,166	93.10
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	2,927,842		2,927,842	0	2,927,842	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
116.00	11600	HOSPICE	1,777,698		1,777,698	0	1,777,698	116.00
117.00	06950	MOBILE MED	0		0	0	0	117.00
200.00		Subtotal (see instructions)	187,188,362	0	187,188,362	289,275	187,477,637	200.00
201.00		Less Observation Beds	5,649,791		5,649,791	0	5,649,791	201.00
202.00		Total (see instructions)	181,538,571	0	181,538,571	289,275	181,827,846	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/27/2019 2:31 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	118,956,662		118,956,662		30.00
31.00	03100	INTENSIVE CARE UNIT	16,976,124		16,976,124		31.00
34.10	02060	NICU	4,737,124		4,737,124		34.10
40.00	04000	SUBPROVIDER - IPF	5,208,722		5,208,722		40.00
43.00	04300	NURSERY	3,479,994		3,479,994		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	34,329,471	29,769,558	64,099,029	0.200489	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,863,847	6,363,784	16,227,631	0.295746	0.000000
53.00	05300	ANESTHESIOLOGY	7,896,493	9,090,827	16,987,320	0.045131	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,313,914	28,126,014	50,439,928	0.154596	0.000000
54.01	03440	BREAST HEALTH CENTER	0	0	0	0.000000	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	632,757	13,704,048	14,336,805	0.238085	0.000000
56.00	05600	RADIOISOTOPE	4,345,068	9,623,763	13,968,831	0.141904	0.000000
56.10	03630	ULTRASOUND	6,260,119	13,883,071	20,143,190	0.098737	0.000000
57.00	05700	CT SCAN	35,390,770	58,899,782	94,290,552	0.022641	0.000000
58.00	05800	MRI	6,159,050	5,456,637	11,615,687	0.091527	0.000000
59.00	05900	CARDIAC CATHETERIZATION	19,295,385	5,662,855	24,958,240	0.109193	0.000000
60.00	06000	LABORATORY	65,612,429	89,110,260	154,722,689	0.078944	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	30,855,564	3,899,872	34,755,436	0.107024	0.000000
65.01	03952	SLEEP LAB	5,655	2,312,082	2,317,737	0.227166	0.000000
66.00	06600	PHYSICAL THERAPY	4,224,855	7,626,964	11,851,819	0.265428	0.000000
68.00	06800	SPEECH PATHOLOGY	2,146,903	680,639	2,827,542	0.162961	0.000000
69.00	06900	ELECTROCARDIOLOGY	10,954,659	11,022,568	21,977,227	0.105307	0.000000
69.01	06901	C-PORT	0	0	0	0.000000	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	454,698	859,392	1,314,090	0.146096	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,754,845	8,389,572	23,144,417	0.296228	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,686,844	6,768,217	21,455,061	0.200274	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	60,872,716	74,690,813	135,563,529	0.151289	0.000000
74.00	07400	RENAL DIALYSIS	4,625,993	706,423	5,332,416	0.255312	0.000000
75.10	03340	GI LAB	5,578,809	13,971,696	19,550,505	0.139751	0.000000
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0.000000	0.000000
76.10	03950	NEUROLOGY	0	0	0	0.000000	0.000000
76.20	03290	EMG	0	0	0	0.000000	0.000000
76.30	03953	OS SVCS	33,707	812	34,519	0.389930	0.000000
76.40	03040	AUDIOLOGY	0	0	0	0.000000	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPS	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	195,960	1,644,911	1,840,871	0.676964	0.000000
90.01	09001	PALOS DIAGNOSTIC CENTER	80	1,151,681	1,151,761	0.240022	0.000000
90.02	09002	CARE STATIONS	21,911	6,560,755	6,582,666	0.418874	0.000000
90.03	09003	OUTPATIENT CARE CENTER	73,464	20,316,186	20,389,650	0.177549	0.000000
91.00	09100	EMERGENCY	35,327,774	72,901,019	108,228,793	0.091808	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,108,443	9,312,571	11,421,014	0.494684	0.000000
93.00	04951	OUTPATIENT REHAB	9,246	4,597,484	4,606,730	0.488176	0.000000
93.10	04950	WOUND CARE CENTER	51,494	4,815,411	4,866,905	0.241417	0.000000
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	2,771,747	2,771,747		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	1,524,743	1,524,743		116.00
117.00	06950	MOBILE MED	0	0	0		117.00
200.00		Subtotal (see instructions)	548,441,549	526,216,157	1,074,657,706		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	548,441,549	526,216,157	1,074,657,706		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
34.10	02060	NICU			34.10
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.200489		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.295746		52.00
53.00	05300	ANESTHESIOLOGY	0.045131		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154596		54.00
54.01	03440	BREAST HEALTH CENTER	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.238085		55.00
56.00	05600	RADIOISOTOPE	0.141904		56.00
56.10	03630	ULTRASOUND	0.098737		56.10
57.00	05700	CT SCAN	0.022641		57.00
58.00	05800	MRI	0.091527		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.110720		59.00
60.00	06000	LABORATORY	0.078944		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.108724		65.00
65.01	03952	SLEEP LAB	0.227166		65.01
66.00	06600	PHYSICAL THERAPY	0.265428		66.00
68.00	06800	SPEECH PATHOLOGY	0.162961		68.00
69.00	06900	ELECTROCARDIOLOGY	0.108834		69.00
69.01	06901	C-PORT	0.000000		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.146096		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.296228		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.200274		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.151289		73.00
74.00	07400	RENAL DIALYSIS	0.257175		74.00
75.10	03340	GI LAB	0.139751		75.10
76.00	03951	ENTEROSTOMAL THERAPY	0.000000		76.00
76.10	03950	NEUROLOGY	0.000000		76.10
76.20	03290	EMG	0.000000		76.20
76.30	03953	OS SVCS	0.389930		76.30
76.40	03040	AUDIOLOGY	0.000000		76.40
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	0.676964		90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0.240022		90.01
90.02	09002	CARE STATIONS	0.421410		90.02
90.03	09003	OUTPATIENT CARE CENTER	0.177549		90.03
91.00	09100	EMERGENCY	0.091808		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.494684		92.00
93.00	04951	OUTPATIENT REHAB	0.490271		93.00
93.10	04950	WOUND CARE CENTER	0.244954		93.10
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
117.00	06950	MOBILE MED			117.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/27/2019 2:31 pm

			Title XIX		Hospital		Cost
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	43,614,607		43,614,607	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	7,217,448		7,217,448	0	0 31.00
34.10	02060	NICU	3,076,087		3,076,087	0	0 34.10
40.00	04000	SUBPROVIDER - IPF	2,884,060		2,884,060	0	0 40.00
43.00	04300	NURSERY	1,213,576		1,213,576	0	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,851,172		12,851,172	0	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,799,256		4,799,256	0	0 52.00
53.00	05300	ANESTHESIOLOGY	766,663		766,663	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,797,816		7,797,816	0	0 54.00
54.01	03440	BREAST HEALTH CENTER	0		0	0	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,413,376		3,413,376	0	0 55.00
56.00	05600	RADIOISOTOPE	1,982,231		1,982,231	0	0 56.00
56.10	03630	ULTRASOUND	1,988,873		1,988,873	0	0 56.10
57.00	05700	CT SCAN	2,134,795		2,134,795	0	0 57.00
58.00	05800	MRI	1,063,145		1,063,145	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	2,725,266		2,725,266	0	0 59.00
60.00	06000	LABORATORY	12,214,455		12,214,455	0	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	3,719,670	0	3,719,670	0	0 65.00
65.01	03952	SLEEP LAB	526,512	0	526,512	0	0 65.01
66.00	06600	PHYSICAL THERAPY	3,145,805	0	3,145,805	0	0 66.00
68.00	06800	SPEECH PATHOLOGY	460,778	0	460,778	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	2,314,361		2,314,361	0	0 69.00
69.01	06901	C-PORT	0		0	0	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	191,983		191,983	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,856,029		6,856,029	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,296,884		4,296,884	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,509,326		20,509,326	0	0 73.00
74.00	07400	RENAL DIALYSIS	1,361,432		1,361,432	0	0 74.00
75.10	03340	GI LAB	2,732,204		2,732,204	0	0 75.10
76.00	03951	ENTEROSTOMAL THERAPY	0		0	0	0 76.00
76.10	03950	NEUROLOGY	0		0	0	0 76.10
76.20	03290	EMG	0		0	0	0 76.20
76.30	03953	OS SVCS	13,460		13,460	0	0 76.30
76.40	03040	AUDIOLOGY	0		0	0	0 76.40
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	1,246,203		1,246,203	0	0 90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	276,448		276,448	0	0 90.01
90.02	09002	CARE STATIONS	2,757,306		2,757,306	0	0 90.02
90.03	09003	OUTPATIENT CARE CENTER	3,620,172		3,620,172	0	0 90.03
91.00	09100	EMERGENCY	9,936,222		9,936,222	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,688,418		5,688,418	0	0 92.00
93.00	04951	OUTPATIENT REHAB	2,248,895		2,248,895	0	0 93.00
93.10	04950	WOUND CARE CENTER	1,174,956		1,174,956	0	0 93.10
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0		0		0 99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0 99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0 99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0 99.40
101.00	10100	HOME HEALTH AGENCY	2,927,842		2,927,842		0 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	1,777,698		1,777,698		0 116.00
117.00	06950	MOBILE MED	0		0		0 117.00
200.00		Subtotal (see instructions)	187,525,430	0	187,525,430	0	0 200.00
201.00		Less Observation Beds	5,688,418		5,688,418		0 201.00
202.00		Total (see instructions)	181,837,012	0	181,837,012	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/27/2019 2:31 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			
			9.00	10.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
34.10	02060	NICU	0		0			34.10
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
43.00	04300	NURSERY	0		0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00
54.01	03440	BREAST HEALTH CENTER	0	0	0	0.000000	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.10	03630	ULTRASOUND	0	0	0	0.000000	0.000000	56.10
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
65.01	03952	SLEEP LAB	0	0	0	0.000000	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
69.01	06901	C-PORT	0	0	0	0.000000	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.10	03340	GI LAB	0	0	0	0.000000	0.000000	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0.000000	0.000000	76.00
76.10	03950	NEUROLOGY	0	0	0	0.000000	0.000000	76.10
76.20	03290	EMG	0	0	0	0.000000	0.000000	76.20
76.30	03953	OS SVCS	0	0	0	0.000000	0.000000	76.30
76.40	03040	AUDIOLOGY	0	0	0	0.000000	0.000000	76.40
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0.000000	0.000000	90.01
90.02	09002	CARE STATIONS	0	0	0	0.000000	0.000000	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	0	0	0.000000	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
93.00	04951	OUTPATIENT REHAB	0	0	0	0.000000	0.000000	93.00
93.10	04950	WOUND CARE CENTER	0	0	0	0.000000	0.000000	93.10
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0			116.00
117.00	06950	MOBILE MED	0	0	0			117.00
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: 14-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 11/27/2019 2:31 pm
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
34.10	02060	NICU			34.10
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03440	BREAST HEALTH CENTER	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.10	03630	ULTRASOUND	0.000000		56.10
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	03952	SLEEP LAB	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901	C-PORT	0.000000		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.10	03340	GI LAB	0.000000		75.10
76.00	03951	ENTEROSTOMAL THERAPY	0.000000		76.00
76.10	03950	NEUROLOGY	0.000000		76.10
76.20	03290	EMG	0.000000		76.20
76.30	03953	OS SVCS	0.000000		76.30
76.40	03040	AUDIOLOGY	0.000000		76.40
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	PALOS DIAGNOSTIC CENTER	0.000000		90.01
90.02	09002	CARE STATIONS	0.000000		90.02
90.03	09003	OUTPATIENT CARE CENTER	0.000000		90.03
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
93.00	04951	OUTPATIENT REHAB	0.000000		93.00
93.10	04950	WOUND CARE CENTER	0.000000		93.10
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
117.00	06950	MOBILE MED			117.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/27/2019 2:31 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	4,354,245	0	4,354,245	50,627	86.01	30.00	
31.00	INTENSIVE CARE UNIT	553,110		553,110	4,344	127.33	31.00	
34.10	NICU	693,149		693,149	1,035	669.71	34.10	
40.00	SUBPROVIDER - IPF	397,568	0	397,568	2,414	164.69	40.00	
43.00	NURSERY	60,214		60,214	1,673	35.99	43.00	
200.00	Total (lines 30 through 199)	6,058,286		6,058,286	60,093		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	18,000	1,548,180					30.00
31.00	INTENSIVE CARE UNIT	1,679	213,787					31.00
34.10	NICU	0	0					34.10
40.00	SUBPROVIDER - IPF	533	87,780					40.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	20,212	1,849,747					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/27/2019 2:31 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	1,684,853	64,099,029	0.026285	7,720,336	202,929	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	630,841	16,227,631	0.038874	20,228	786	52.00
53.00	05300	ANESTHESIOLOGY	132,117	16,987,320	0.007777	2,349,360	18,271	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,448,640	50,439,928	0.028720	7,763,542	222,969	54.00
54.01	03440	BREAST HEALTH CENTER	0	0	0.000000	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	897,652	14,336,805	0.062612	334,818	20,964	55.00
56.00	05600	RADIOISOTOPE	127,181	13,968,831	0.009105	1,989,536	18,115	56.00
56.10	03630	ULTRASOUND	177,729	20,143,190	0.008823	2,619,014	23,108	56.10
57.00	05700	CT SCAN	90,710	94,290,552	0.000962	14,502,260	13,951	57.00
58.00	05800	MRI	85,206	11,615,687	0.007335	2,104,076	15,433	58.00
59.00	05900	CARDIAC CATHETERIZATION	428,499	24,958,240	0.017169	4,224,043	72,523	59.00
60.00	06000	LABORATORY	653,836	154,722,689	0.004226	24,838,405	104,967	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	278,762	34,755,436	0.008021	12,503,314	100,289	65.00
65.01	03952	SLEEP LAB	89,914	2,317,737	0.038794	0	0	65.01
66.00	06600	PHYSICAL THERAPY	226,694	11,851,819	0.019127	1,981,029	37,891	66.00
68.00	06800	SPEECH PATHOLOGY	29,153	2,827,542	0.010310	1,024,034	10,558	68.00
69.00	06900	ELECTROCARDIOLOGY	164,958	21,977,227	0.007506	4,543,304	34,102	69.00
69.01	06901	C-PORT	0	0	0.000000	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	49,885	1,314,090	0.037962	153,036	5,810	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	280,807	23,144,417	0.012133	5,619,971	68,187	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	66,565	21,455,061	0.003103	5,709,940	17,718	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	534,469	135,563,529	0.003943	22,731,610	89,631	73.00
74.00	07400	RENAL DIALYSIS	90,161	5,332,416	0.016908	2,619,653	44,293	74.00
75.10	03340	GI LAB	567,030	19,550,505	0.029003	2,228,021	64,619	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0.000000	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0.000000	0	0	76.10
76.20	03290	EMG	0	0	0.000000	0	0	76.20
76.30	03953	OS SVCS	202	34,519	0.005852	11,837	69	76.30
76.40	03040	AUDIOLOGY	0	0	0.000000	0	0	76.40
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	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	89,186	1,840,871	0.048448	61,182	2,964	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	47,536	1,151,761	0.041272	39	2	90.01
90.02	09002	CARE STATIONS	257,283	6,582,666	0.039085	17,236	674	90.02
90.03	09003	OUTPATIENT CARE CENTER	317,926	20,389,650	0.015593	46,496	725	90.03
91.00	09100	EMERGENCY	686,868	108,228,793	0.006346	13,617,037	86,414	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	567,900	11,421,014	0.049724	773,452	38,459	92.00
93.00	04951	OUTPATIENT REHAB	299,990	4,606,730	0.065120	1,678	109	93.00
93.10	04950	WOUND CARE CENTER	71,153	4,866,905	0.014620	17,603	257	93.10
200.00		Total (lines 50 through 199)	11,073,706	921,002,590		142,126,090	1,316,787	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0179		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/27/2019 2:31 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
34.10	02060	NICU	0	0	0	0	0	0	34.10		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
200.00	Total (lines 30 through 199)		0	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days				
			4.00	5.00	6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	50,627	0.00	18,000		30.00		
31.00	03100	INTENSIVE CARE UNIT		0	4,344	0.00	1,679		31.00		
34.10	02060	NICU		0	1,035	0.00	0		34.10		
40.00	04000	SUBPROVIDER - IPF	0	0	2,414	0.00	533		40.00		
43.00	04300	NURSERY		0	1,673	0.00	0		43.00		
200.00	Total (lines 30 through 199)			0	60,093		20,212		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
34.10	02060	NICU	0								34.10
40.00	04000	SUBPROVIDER - IPF	0								40.00
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: 14-0179		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/27/2019 2:31 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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03440	BREAST HEALTH 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
56.10	03630	ULTRASOUND	0	0	0	0	0	56.10
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	03952	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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	C-PORT	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.10	03340	GI LAB	0	0	0	0	0	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0	0	0	76.10
76.20	03290	EMG	0	0	0	0	0	76.20
76.30	03953	OS SVCS	0	0	0	0	0	76.30
76.40	03040	AUDIOLOGY	0	0	0	0	0	76.40
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	PALOS DIAGNOSTIC CENTER	0	0	0	0	0	90.01
90.02	09002	CARE STATIONS	0	0	0	0	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	0	0	0	0	90.03
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
93.00	04951	OUTPATIENT REHAB	0	0	0	0	0	93.00
93.10	04950	WOUND CARE CENTER	0	0	0	0	0	93.10
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: 14-0179		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/27/2019 2:31 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	64,099,029	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	16,227,631	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	16,987,320	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	50,439,928	0.000000	54.00
54.01	03440	BREAST HEALTH CENTER		0	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	14,336,805	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	13,968,831	0.000000	56.00
56.10	03630	ULTRASOUND		0	0	0	20,143,190	0.000000	56.10
57.00	05700	CT SCAN		0	0	0	94,290,552	0.000000	57.00
58.00	05800	MRI		0	0	0	11,615,687	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	24,958,240	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	154,722,689	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	34,755,436	0.000000	65.00
65.01	03952	SLEEP LAB		0	0	0	2,317,737	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	11,851,819	0.000000	66.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	2,827,542	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	21,977,227	0.000000	69.00
69.01	06901	C-PORT		0	0	0	0	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	1,314,090	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	23,144,417	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	21,455,061	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	135,563,529	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	5,332,416	0.000000	74.00
75.10	03340	GI LAB		0	0	0	19,550,505	0.000000	75.10
76.00	03951	ENTEROSTOMAL THERAPY		0	0	0	0	0.000000	76.00
76.10	03950	NEUROLOGY		0	0	0	0	0.000000	76.10
76.20	03290	EMG		0	0	0	0	0.000000	76.20
76.30	03953	OS SVCS		0	0	0	34,519	0.000000	76.30
76.40	03040	AUDIOLOGY		0	0	0	0	0.000000	76.40
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	1,840,871	0.000000	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER		0	0	0	1,151,761	0.000000	90.01
90.02	09002	CARE STATIONS		0	0	0	6,582,666	0.000000	90.02
90.03	09003	OUTPATIENT CARE CENTER		0	0	0	20,389,650	0.000000	90.03
91.00	09100	EMERGENCY		0	0	0	108,228,793	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	11,421,014	0.000000	92.00
93.00	04951	OUTPATIENT REHAB		0	0	0	4,606,730	0.000000	93.00
93.10	04950	WOUND CARE CENTER		0	0	0	4,866,905	0.000000	93.10
200.00		Total (lines 50 through 199)		0	0	0	921,002,590		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0179		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/27/2019 2:31 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		7,720,336	0	9,109,152	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		20,228	0	3,980	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		2,349,360	0	2,791,744	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		7,763,542	0	6,979,344	0	54.00
54.01	03440	BREAST HEALTH CENTER	0.000000		0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		334,818	0	4,923,420	0	55.00
56.00	05600	RADIOISOTOPE	0.000000		1,989,536	0	3,406,295	0	56.00
56.10	03630	ULTRASOUND	0.000000		2,619,014	0	2,388,852	0	56.10
57.00	05700	CT SCAN	0.000000		14,502,260	0	14,065,098	0	57.00
58.00	05800	MRI	0.000000		2,104,076	0	1,338,786	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		4,224,043	0	2,580,041	0	59.00
60.00	06000	LABORATORY	0.000000		24,838,405	0	8,888,087	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		12,503,314	0	619,640	0	65.00
65.01	03952	SLEEP LAB	0.000000		0	0	699,224	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000		1,981,029	0	20,149	0	66.00
68.00	06800	SPEECH PATHOLOGY	0.000000		1,024,034	0	11,952	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		4,543,304	0	3,323,557	0	69.00
69.01	06901	C-PORT	0.000000		0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		153,036	0	165,418	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		5,619,971	0	3,285,353	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		5,709,940	0	2,076,121	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		22,731,610	0	29,782,727	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		2,619,653	0	196,795	0	74.00
75.10	03340	GI LAB	0.000000		2,228,021	0	3,639,904	0	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0.000000		0	0	0	0	76.00
76.10	03950	NEUROLOGY	0.000000		0	0	0	0	76.10
76.20	03290	EMG	0.000000		0	0	0	0	76.20
76.30	03953	OS SVCS	0.000000		11,837	0	0	0	76.30
76.40	03040	AUDIOLOGY	0.000000		0	0	0	0	76.40
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		61,182	0	398,800	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0.000000		39	0	501,005	0	90.01
90.02	09002	CARE STATIONS	0.000000		17,236	0	914,467	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	0.000000		46,496	0	5,370,577	0	90.03
91.00	09100	EMERGENCY	0.000000		13,617,037	0	9,582,713	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		773,452	0	2,182,802	0	92.00
93.00	04951	OUTPATIENT REHAB	0.000000		1,678	0	208,635	0	93.00
93.10	04950	WOUND CARE CENTER	0.000000		17,603	0	1,751,511	0	93.10
200.00		Total (lines 50 through 199)			142,126,090	0	121,206,149	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/27/2019 2:31 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	0.200489	9,109,152	0	0	1,826,285	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.295746	3,980	0	0	1,177	52.00	
53.00	05300	ANESTHESIOLOGY	0.045131	2,791,744	0	0	125,994	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154596	6,979,344	0	0	1,078,979	54.00	
54.01	03440	BREAST HEALTH CENTER	0.000000	0	0	0	0	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.238085	4,923,420	0	0	1,172,192	55.00	
56.00	05600	RADIOISOTOPE	0.141904	3,406,295	0	0	483,367	56.00	
56.10	03630	ULTRASOUND	0.098737	2,388,852	0	0	235,868	56.10	
57.00	05700	CT SCAN	0.022641	14,065,098	0	0	318,448	57.00	
58.00	05800	MRI	0.091527	1,338,786	0	0	122,535	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.109193	2,580,041	0	0	281,722	59.00	
60.00	06000	LABORATORY	0.078944	8,888,087	0	0	701,661	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	0.107024	619,640	0	0	66,316	65.00	
65.01	03952	SLEEP LAB	0.227166	699,224	0	0	158,840	65.01	
66.00	06600	PHYSICAL THERAPY	0.265428	20,149	0	0	5,348	66.00	
68.00	06800	SPEECH PATHOLOGY	0.162961	11,952	0	0	1,948	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.105307	3,323,557	0	0	349,994	69.00	
69.01	06901	C-PORT	0.000000	0	0	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.146096	165,418	0	0	24,167	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.296228	3,285,353	0	0	973,214	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.200274	2,076,121	0	0	415,793	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.151289	29,782,727	0	220,310	4,505,799	73.00	
74.00	07400	RENAL DIALYSIS	0.255312	196,795	0	0	50,244	74.00	
75.10	03340	GI LAB	0.139751	3,639,904	0	0	508,680	75.10	
76.00	03951	ENTEROSTOMAL THERAPY	0.000000	0	0	0	0	76.00	
76.10	03950	NEUROLOGY	0.000000	0	0	0	0	76.10	
76.20	03290	EMG	0.000000	0	0	0	0	76.20	
76.30	03953	OS SVCS	0.389930	0	0	0	0	76.30	
76.40	03040	AUDIOLOGY	0.000000	0	0	0	0	76.40	
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	0.676964	398,800	0	0	269,973	90.00	
90.01	09001	PALOS DIAGNOSTIC CENTER	0.240022	501,005	0	0	120,252	90.01	
90.02	09002	CARE STATIONS	0.418874	914,467	0	0	383,046	90.02	
90.03	09003	OUTPATIENT CARE CENTER	0.177549	5,370,577	0	0	953,541	90.03	
91.00	09100	EMERGENCY	0.091808	9,582,713	0	0	879,770	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.494684	2,182,802	0	0	1,079,797	92.00	
93.00	04951	OUTPATIENT REHAB	0.488176	208,635	0	0	101,851	93.00	
93.10	04950	WOUND CARE CENTER	0.241417	1,751,511	0	0	422,845	93.10	
200.00		Subtotal (see instructions)		121,206,149	0	220,310	17,619,646	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		121,206,149	0	220,310	17,619,646	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/27/2019 2:31 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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03440	BREAST HEALTH CENTER	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.10	03630	ULTRASOUND	0	0		56.10
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	03952	SLEEP LAB	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	C-PORT	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	33,330		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.10	03340	GI LAB	0	0		75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0		76.00
76.10	03950	NEUROLOGY	0	0		76.10
76.20	03290	EMG	0	0		76.20
76.30	03953	OS SVCS	0	0		76.30
76.40	03040	AUDIOLOGY	0	0		76.40
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	PALOS DIAGNOSTIC CENTER	0	0		90.01
90.02	09002	CARE STATIONS	0	0		90.02
90.03	09003	OUTPATIENT CARE CENTER	0	0		90.03
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.00	04951	OUTPATIENT REHAB	0	0		93.00
93.10	04950	WOUND CARE CENTER	0	0		93.10
200.00		Subtotal (see instructions)	0	33,330		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	33,330		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0179

Period:

Worksheet D

Component CCN: 14-S179

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/27/2019 2:31 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,684,853	64,099,029	0.026285	2,370	62	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	630,841	16,227,631	0.038874	0	0	52.00
53.00	05300 ANESTHESIOLOGY	132,117	16,987,320	0.007777	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,448,640	50,439,928	0.028720	9,033	259	54.00
54.01	03440 BREAST HEALTH CENTER	0	0	0.000000	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	897,652	14,336,805	0.062612	2,980	187	55.00
56.00	05600 RADIOISOTOPE	127,181	13,968,831	0.009105	0	0	56.00
56.10	03630 ULTRASOUND	177,729	20,143,190	0.008823	0	0	56.10
57.00	05700 CT SCAN	90,710	94,290,552	0.000962	32,961	32	57.00
58.00	05800 MRI	85,206	11,615,687	0.007335	17,512	128	58.00
59.00	05900 CARDIAC CATHETERIZATION	428,499	24,958,240	0.017169	30,182	518	59.00
60.00	06000 LABORATORY	653,836	154,722,689	0.004226	358,290	1,514	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	278,762	34,755,436	0.008021	64,354	516	65.00
65.01	03952 SLEEP LAB	89,914	2,317,737	0.038794	0	0	65.01
66.00	06600 PHYSICAL THERAPY	226,694	11,851,819	0.019127	7,591	145	66.00
68.00	06800 SPEECH PATHOLOGY	29,153	2,827,542	0.010310	1,296	13	68.00
69.00	06900 ELECTROCARDIOLOGY	164,958	21,977,227	0.007506	40,039	301	69.00
69.01	06901 C-PORT	0	0	0.000000	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	49,885	1,314,090	0.037962	7,594	288	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	280,807	23,144,417	0.012133	12,593	153	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	66,565	21,455,061	0.003103	9,794	30	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	534,469	135,563,529	0.003943	100,449	396	73.00
74.00	07400 RENAL DIALYSIS	90,161	5,332,416	0.016908	0	0	74.00
75.10	03340 GI LAB	567,030	19,550,505	0.029003	3,996	116	75.10
76.00	03951 ENTEROSTOMAL THERAPY	0	0	0.000000	0	0	76.00
76.10	03950 NEUROLOGY	0	0	0.000000	0	0	76.10
76.20	03290 EMG	0	0	0.000000	0	0	76.20
76.30	03953 OS SVCS	202	34,519	0.005852	0	0	76.30
76.40	03040 AUDIOLOGY	0	0	0.000000	0	0	76.40
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	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	89,186	1,840,871	0.048448	0	0	90.00
90.01	09001 PALOS DIAGNOSTIC CENTER	47,536	1,151,761	0.041272	0	0	90.01
90.02	09002 CARE STATIONS	257,283	6,582,666	0.039085	0	0	90.02
90.03	09003 OUPATIENT CARE CENTER	317,926	20,389,650	0.015593	0	0	90.03
91.00	09100 EMERGENCY	686,868	108,228,793	0.006346	159,593	1,013	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	11,421,014	0.000000	0	0	92.00
93.00	04951 OUTPATIENT REHAB	299,990	4,606,730	0.065120	794	52	93.00
93.10	04950 WOUND CARE CENTER	71,153	4,866,905	0.014620	0	0	93.10
200.00	Total (lines 50 through 199)	10,505,806	921,002,590		861,421	5,723	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0179
Component CCN: 14-S179

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

Worksheet D
Part IV
Date/Time Prepared:
11/27/2019 2:31 pm

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
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03440 BREAST HEALTH 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
56.10	03630 ULTRASOUND	0	0	0	0	0	56.10
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	03952 SLEEP LAB	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
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 C-PORT	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.10	03340 GI LAB	0	0	0	0	0	75.10
76.00	03951 ENTEROSTOMAL THERAPY	0	0	0	0	0	76.00
76.10	03950 NEUROLOGY	0	0	0	0	0	76.10
76.20	03290 EMG	0	0	0	0	0	76.20
76.30	03953 OS SVCS	0	0	0	0	0	76.30
76.40	03040 AUDIOLOGY	0	0	0	0	0	76.40
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 PALOS DIAGNOSTIC CENTER	0	0	0	0	0	90.01
90.02	09002 CARE STATIONS	0	0	0	0	0	90.02
90.03	09003 OUPATIENT CARE CENTER	0	0	0	0	0	90.03
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
93.00	04951 OUTPATIENT REHAB	0	0	0	0	0	93.00
93.10	04950 WOUND CARE CENTER	0	0	0	0	0	93.10
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: 14-0179 Component CCN: 14-S179		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/27/2019 2:31 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	64,099,029	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	16,227,631	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	16,987,320	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	50,439,928	0.000000	54.00
54.01	03440	BREAST HEALTH CENTER		0	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	14,336,805	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	13,968,831	0.000000	56.00
56.10	03630	ULTRASOUND		0	0	0	20,143,190	0.000000	56.10
57.00	05700	CT SCAN		0	0	0	94,290,552	0.000000	57.00
58.00	05800	MRI		0	0	0	11,615,687	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	24,958,240	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	154,722,689	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	34,755,436	0.000000	65.00
65.01	03952	SLEEP LAB		0	0	0	2,317,737	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	11,851,819	0.000000	66.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	2,827,542	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	21,977,227	0.000000	69.00
69.01	06901	C-PORT		0	0	0	0	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	1,314,090	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	23,144,417	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	21,455,061	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	135,563,529	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	5,332,416	0.000000	74.00
75.10	03340	GI LAB		0	0	0	19,550,505	0.000000	75.10
76.00	03951	ENTEROSTOMAL THERAPY		0	0	0	0	0.000000	76.00
76.10	03950	NEUROLOGY		0	0	0	0	0.000000	76.10
76.20	03290	EMG		0	0	0	0	0.000000	76.20
76.30	03953	OS SVCS		0	0	0	34,519	0.000000	76.30
76.40	03040	AUDIOLOGY		0	0	0	0	0.000000	76.40
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	1,840,871	0.000000	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER		0	0	0	1,151,761	0.000000	90.01
90.02	09002	CARE STATIONS		0	0	0	6,582,666	0.000000	90.02
90.03	09003	OUTPATIENT CARE CENTER		0	0	0	20,389,650	0.000000	90.03
91.00	09100	EMERGENCY		0	0	0	108,228,793	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	11,421,014	0.000000	92.00
93.00	04951	OUTPATIENT REHAB		0	0	0	4,606,730	0.000000	93.00
93.10	04950	WOUND CARE CENTER		0	0	0	4,866,905	0.000000	93.10
200.00		Total (lines 50 through 199)		0	0	0	921,002,590		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0179 Component CCN: 14-S179		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/27/2019 2:31 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	2,370	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	9,033	0	0	0	54.00
54.01	03440	BREAST HEALTH CENTER		0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	2,980	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
56.10	03630	ULTRASOUND		0.000000	0	0	0	0	56.10
57.00	05700	CT SCAN		0.000000	32,961	0	0	0	57.00
58.00	05800	MRI		0.000000	17,512	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	30,182	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	358,290	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	64,354	0	0	0	65.00
65.01	03952	SLEEP LAB		0.000000	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0.000000	7,591	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY		0.000000	1,296	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	40,039	0	0	0	69.00
69.01	06901	C-PORT		0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	7,594	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	12,593	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	9,794	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	100,449	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.10	03340	GI LAB		0.000000	3,996	0	0	0	75.10
76.00	03951	ENTEROSTOMAL THERAPY		0.000000	0	0	0	0	76.00
76.10	03950	NEUROLOGY		0.000000	0	0	0	0	76.10
76.20	03290	EMG		0.000000	0	0	0	0	76.20
76.30	03953	OS SVCS		0.000000	0	0	0	0	76.30
76.40	03040	AUDIOLOGY		0.000000	0	0	0	0	76.40
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	PALOS DIAGNOSTIC CENTER		0.000000	0	0	0	0	90.01
90.02	09002	CARE STATIONS		0.000000	0	0	0	0	90.02
90.03	09003	OUTPATIENT CARE CENTER		0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY		0.000000	159,593	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
93.00	04951	OUTPATIENT REHAB		0.000000	794	0	0	0	93.00
93.10	04950	WOUND CARE CENTER		0.000000	0	0	0	0	93.10
200.00		Total (lines 50 through 199)			861,421	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0179

Period:

Worksheet D

Component CCN: 14-S179

From 07/01/2018
To 06/30/2019Part V
Date/Time Prepared:
11/27/2019 2:31 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.200489	0	0	0	0 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.295746	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.045131	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.154596	0	0	0	0 54.00
54.01	03440 BREAST HEALTH CENTER	0.000000	0	0	0	0 54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.238085	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.141904	0	0	0	0 56.00
56.10	03630 ULTRASOUND	0.098737	0	0	0	0 56.10
57.00	05700 CT SCAN	0.022641	0	0	0	0 57.00
58.00	05800 MRI	0.091527	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.109193	0	0	0	0 59.00
60.00	06000 LABORATORY	0.078944	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	0.107024	0	0	0	0 65.00
65.01	03952 SLEEP LAB	0.227166	0	0	0	0 65.01
66.00	06600 PHYSICAL THERAPY	0.265428	0	0	0	0 66.00
68.00	06800 SPEECH PATHOLOGY	0.162961	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.105307	0	0	0	0 69.00
69.01	06901 C-PORT	0.000000	0	0	0	0 69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.146096	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.296228	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.200274	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.151289	0	0	0	0 73.00
74.00	07400 RENAL DIALYSIS	0.255312	0	0	0	0 74.00
75.10	03340 GI LAB	0.139751	0	0	0	0 75.10
76.00	03951 ENTEROSTOMAL THERAPY	0.000000	0	0	0	0 76.00
76.10	03950 NEUROLOGY	0.000000	0	0	0	0 76.10
76.20	03290 EMG	0.000000	0	0	0	0 76.20
76.30	03953 OS SVCS	0.389930	0	0	0	0 76.30
76.40	03040 AUDIOLOGY	0.000000	0	0	0	0 76.40
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	0.676964	0	0	0	0 90.00
90.01	09001 PALOS DIAGNOSTIC CENTER	0.240022	0	0	0	0 90.01
90.02	09002 CARE STATIONS	0.418874	0	0	0	0 90.02
90.03	09003 OUPATIENT CARE CENTER	0.177549	0	0	0	0 90.03
91.00	09100 EMERGENCY	0.091808	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.494684	0	0	0	0 92.00
93.00	04951 OUTPATIENT REHAB	0.488176	0	0	0	0 93.00
93.10	04950 WOUND CARE CENTER	0.241417	0	0	0	0 93.10
200.00	Subtotal (see instructions)		0	0	0	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		0	0	0	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0179

Period:

Worksheet D

Component CCN: 14-S179

From 07/01/2018
To 06/30/2019Part V
Date/Time Prepared:
11/27/2019 2:31 pm

Title XVIII

Subprovider -
IPF

PPS

	Cost Center Description	Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03440	BREAST HEALTH CENTER	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.10	03630	ULTRASOUND	0	0	56.10
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	03952	SLEEP LAB	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	06901	C-PORT	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.10	03340	GI LAB	0	0	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	76.00
76.10	03950	NEUROLOGY	0	0	76.10
76.20	03290	EMG	0	0	76.20
76.30	03953	OS SVCS	0	0	76.30
76.40	03040	AUDIOLOGY	0	0	76.40
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	PALOS DIAGNOSTIC CENTER	0	0	90.01
90.02	09002	CARE STATIONS	0	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	0	90.03
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.00	04951	OUTPATIENT REHAB	0	0	93.00
93.10	04950	WOUND CARE CENTER	0	0	93.10
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 ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/27/2019 2:31 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	4,354,245	0	4,354,245	50,627	86.01	30.00
31.00	INTENSIVE CARE UNIT	553,110		553,110	4,344	127.33	31.00
34.10	NICU	693,149		693,149	1,035	669.71	34.10
40.00	SUBPROVIDER - IPF	397,568	0	397,568	2,414	164.69	40.00
43.00	NURSERY	60,214		60,214	1,673	35.99	43.00
200.00	Total (lines 30 through 199)	6,058,286		6,058,286	60,093		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	1,325	113,963				30.00
31.00	INTENSIVE CARE UNIT	198	25,211				31.00
34.10	NICU	603	403,835				34.10
40.00	SUBPROVIDER - IPF	0	0				40.00
43.00	NURSERY	216	7,774				43.00
200.00	Total (lines 30 through 199)	2,342	550,783				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/27/2019 2:31 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	1,684,853	0	0.000000	0	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	630,841	0	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	132,117	0	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,448,640	0	0.000000	0	0 54.00
54.01	03440	BREAST HEALTH CENTER	0	0	0.000000	0	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	897,652	0	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	127,181	0	0.000000	0	0 56.00
56.10	03630	ULTRASOUND	177,729	0	0.000000	0	0 56.10
57.00	05700	CT SCAN	90,710	0	0.000000	0	0 57.00
58.00	05800	MRI	85,206	0	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	428,499	0	0.000000	0	0 59.00
60.00	06000	LABORATORY	653,836	0	0.000000	0	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	278,762	0	0.000000	0	0 65.00
65.01	03952	SLEEP LAB	89,914	0	0.000000	0	0 65.01
66.00	06600	PHYSICAL THERAPY	226,694	0	0.000000	0	0 66.00
68.00	06800	SPEECH PATHOLOGY	29,153	0	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	164,958	0	0.000000	0	0 69.00
69.01	06901	C-PORT	0	0	0.000000	0	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	49,885	0	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	280,807	0	0.000000	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	66,565	0	0.000000	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	534,469	0	0.000000	0	0 73.00
74.00	07400	RENAL DIALYSIS	90,161	0	0.000000	0	0 74.00
75.10	03340	GI LAB	567,030	0	0.000000	0	0 75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0.000000	0	0 76.00
76.10	03950	NEUROLOGY	0	0	0.000000	0	0 76.10
76.20	03290	EMG	0	0	0.000000	0	0 76.20
76.30	03953	OS SVCS	202	0	0.000000	0	0 76.30
76.40	03040	AUDIOLOGY	0	0	0.000000	0	0 76.40
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	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	89,186	0	0.000000	0	0 90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	47,536	0	0.000000	0	0 90.01
90.02	09002	CARE STATIONS	257,283	0	0.000000	0	0 90.02
90.03	09003	OUTPATIENT CARE CENTER	317,926	0	0.000000	0	0 90.03
91.00	09100	EMERGENCY	686,868	0	0.000000	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	567,903	0	0.000000	0	0 92.00
93.00	04951	OUTPATIENT REHAB	299,990	0	0.000000	0	0 93.00
93.10	04950	WOUND CARE CENTER	71,153	0	0.000000	0	0 93.10
200.00		Total (lines 50 through 199)	11,073,709	0		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0179		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/27/2019 2:31 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	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
34.10	02060	NICU	0	0	0	0	0	0	34.10		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
200.00	Total (lines 30 through 199)		0	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days				
			4.00	5.00	6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	50,627	0.00	1,325		30.00		
31.00	03100	INTENSIVE CARE UNIT		0	4,344	0.00	198		31.00		
34.10	02060	NICU		0	1,035	0.00	603		34.10		
40.00	04000	SUBPROVIDER - IPF	0	0	2,414	0.00	0		40.00		
43.00	04300	NURSERY		0	1,673	0.00	216		43.00		
200.00	Total (lines 30 through 199)			0	60,093		2,342		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
34.10	02060	NICU	0								34.10
40.00	04000	SUBPROVIDER - IPF	0								40.00
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: 14-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/27/2019 2:31 pm
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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	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03440 BREAST HEALTH 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
56.10	03630 ULTRASOUND	0	0	0	0	0	56.10
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	03952 SLEEP LAB	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
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 C-PORT	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.10	03340 GI LAB	0	0	0	0	0	75.10
76.00	03951 ENTEROSTOMAL THERAPY	0	0	0	0	0	76.00
76.10	03950 NEUROLOGY	0	0	0	0	0	76.10
76.20	03290 EMG	0	0	0	0	0	76.20
76.30	03953 OS SVCS	0	0	0	0	0	76.30
76.40	03040 AUDIOLOGY	0	0	0	0	0	76.40
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 PALOS DIAGNOSTIC CENTER	0	0	0	0	0	90.01
90.02	09002 CARE STATIONS	0	0	0	0	0	90.02
90.03	09003 OUPATIENT CARE CENTER	0	0	0	0	0	90.03
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
93.00	04951 OUTPATIENT REHAB	0	0	0	0	0	93.00
93.10	04950 WOUND CARE CENTER	0	0	0	0	0	93.10
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: 14-0179

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

Worksheet D
Part IV
Date/Time Prepared:
11/27/2019 2:31 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)	
			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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0.000000	54.00
54.01	03440	BREAST HEALTH 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
56.10	03630	ULTRASOUND	0	0	0	0	0.000000	56.10
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	03952	SLEEP LAB	0	0	0	0	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0.000000	66.00
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	C-PORT	0	0	0	0	0.000000	69.01
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
75.10	03340	GI LAB	0	0	0	0	0.000000	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0.000000	76.00
76.10	03950	NEUROLOGY	0	0	0	0	0.000000	76.10
76.20	03290	EMG	0	0	0	0	0.000000	76.20
76.30	03953	OS SVCS	0	0	0	0	0.000000	76.30
76.40	03040	AUDIOLOGY	0	0	0	0	0.000000	76.40
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	PALOS DIAGNOSTIC CENTER	0	0	0	0	0.000000	90.01
90.02	09002	CARE STATIONS	0	0	0	0	0.000000	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	0	0	0	0.000000	90.03
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
93.00	04951	OUTPATIENT REHAB	0	0	0	0	0.000000	93.00
93.10	04950	WOUND CARE CENTER	0	0	0	0	0.000000	93.10
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: 14-0179		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/27/2019 2:31 pm	
Cost Center Description				Title XIX		Hospital		Cost	
				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	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
54.01	03440	BREAST HEALTH CENTER	0.000000	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
56.10	03630	ULTRASOUND	0.000000	0	0	0	0	0	56.10
57.00	05700	CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
65.01	03952	SLEEP LAB	0.000000	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
69.01	06901	C-PORT	0.000000	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
75.10	03340	GI LAB	0.000000	0	0	0	0	0	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0.000000	0	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0.000000	0	0	0	0	0	76.10
76.20	03290	EMG	0.000000	0	0	0	0	0	76.20
76.30	03953	OS SVCS	0.000000	0	0	0	0	0	76.30
76.40	03040	AUDIOLOGY	0.000000	0	0	0	0	0	76.40
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0.000000	0	0	0	0	0	90.01
90.02	09002	CARE STATIONS	0.000000	0	0	0	0	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	0.000000	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
93.00	04951	OUTPATIENT REHAB	0.000000	0	0	0	0	0	93.00
93.10	04950	WOUND CARE CENTER	0.000000	0	0	0	0	0	93.10
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0179

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

Worksheet D-1

Date/Time Prepared:
11/27/2019 2:31 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)		50,627	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		50,627	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)		44,024	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)		18,000	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)		43,318,409	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)		43,318,409	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)		43,318,409	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)		855.64	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,401,520	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)		15,401,520	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0179

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

Worksheet D-1

Date/Time Prepared:
11/27/2019 2:31 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	7,241,647	4,344	1,667.05	1,679	2,798,977
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
46.10	NICU	3,076,087	1,035	2,972.06	0	0
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)					17,931,015
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					36,131,512
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,761,967
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,316,787
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,078,754
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					33,052,758
	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)					6,603
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					855.64
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,649,791

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0179

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

Worksheet D-1

Date/Time Prepared:
11/27/2019 2:31 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		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	4,354,245	43,318,409	0.100517	5,649,791	567,900
91.00	Nursing School cost	0	43,318,409	0.000000	5,649,791	0
92.00	Allied health cost	0	43,318,409	0.000000	5,649,791	0
93.00	All other Medical Education	0	43,318,409	0.000000	5,649,791	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0179 Component CCN: 14-S179	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/27/2019 2:31 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,414	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,414	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)		2,414	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)		533	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)		2,918,673	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)		2,918,673	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)		2,918,673	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)		1,209.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		644,429	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)		644,429	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0179

Period:

Worksheet D-1

Component CCN: 14-S179

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/27/2019 2:31 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
46.10	NICU	0	0	0.00	0	0	46.10
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)					87,733	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					732,162	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)					87,780	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,723	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					93,503	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					638,659	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0179 Component CCN: 14-S179		Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/27/2019 2:31 pm	
			Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	397,568	2,918,673	0.136215	0	0	90.00
91.00	Nursing School cost	0	2,918,673	0.000000	0	0	91.00
92.00	Allied health cost	0	2,918,673	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,918,673	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/27/2019 2:31 pm	
		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)		50,627	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		50,627	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)		44,024	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)		1,325	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)		1,673	15.00	
16.00	Nursery days (title V or XIX only)		216	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)		43,614,607	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)		43,614,607	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)		43,614,607	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)		861.49	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,141,474	39.00	
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00	
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,141,474	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0179

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

Worksheet D-1

Date/Time Prepared:
11/27/2019 2:31 pm

Cost Center Description		Title XIX		Hospital		Cost	
		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)	1,213,576	1,673	725.39	216	156,684	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,217,448	4,344	1,661.48	198	328,973	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
46.10	NICU	3,076,087	1,035	2,972.06	603	1,792,152	46.10
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)					3,419,283	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)					6,603	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					861.49	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,688,418	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0179

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

Worksheet D-1

Date/Time Prepared:
11/27/2019 2:31 pm

Cost Center Description		Title XIX		Hospital		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	4,354,245	43,614,607	0.099835	5,688,418	567,903	90.00
91.00	Nursing School cost	0	43,614,607	0.000000	5,688,418	0	91.00
92.00	Allied health cost	0	43,614,607	0.000000	5,688,418	0	92.00
93.00	All other Medical Education	0	43,614,607	0.000000	5,688,418	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/27/2019 2:31 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		46,520,437	30.00
31.00	03100	INTENSIVE CARE UNIT		6,519,209	31.00
34.10	02060	NICU		0	34.10
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.200489	7,720,336	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.295746	20,228	52.00
53.00	05300	ANESTHESIOLOGY	0.045131	2,349,360	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154596	7,763,542	54.00
54.01	03440	BREAST HEALTH CENTER	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.238085	334,818	55.00
56.00	05600	RADIOISOTOPE	0.141904	1,989,536	56.00
56.10	03630	ULTRASOUND	0.098737	2,619,014	56.10
57.00	05700	CT SCAN	0.022641	14,502,260	57.00
58.00	05800	MRI	0.091527	2,104,076	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.110720	4,224,043	59.00
60.00	06000	LABORATORY	0.078944	24,838,405	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.108724	12,503,314	65.00
65.01	03952	SLEEP LAB	0.227166	0	65.01
66.00	06600	PHYSICAL THERAPY	0.265428	1,981,029	66.00
68.00	06800	SPEECH PATHOLOGY	0.162961	1,024,034	68.00
69.00	06900	ELECTROCARDIOLOGY	0.108834	4,543,304	69.00
69.01	06901	C-PORT	0.000000	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.146096	153,036	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.296228	5,619,971	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.200274	5,709,940	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.151289	22,731,610	73.00
74.00	07400	RENAL DIALYSIS	0.257175	2,619,653	74.00
75.10	03340	GI LAB	0.139751	2,228,021	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0.000000	0	76.00
76.10	03950	NEUROLOGY	0.000000	0	76.10
76.20	03290	EMG	0.000000	0	76.20
76.30	03953	OS SVCS	0.389930	11,837	76.30
76.40	03040	AUDIOLOGY	0.000000	0	76.40
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.676964	61,182	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0.240022	39	90.01
90.02	09002	CARE STATIONS	0.421410	17,236	90.02
90.03	09003	OUTPATIENT CARE CENTER	0.177549	46,496	90.03
91.00	09100	EMERGENCY	0.091808	13,617,037	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.494684	773,452	92.00
93.00	04951	OUTPATIENT REHAB	0.490271	1,678	93.00
93.10	04950	WOUND CARE CENTER	0.244954	17,603	93.10
200.00		Total (sum of lines 50 through 94 and 96 through 98)		142,126,090	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)		142,126,090	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0179 Component CCN: 14-S179	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/27/2019 2:31 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
34.10	02060 NICU		0		34.10
40.00	04000 SUBPROVIDER - IPF		1,159,960		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.200489	2,370	475	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.295746	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.045131	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.154596	9,033	1,396	54.00
54.01	03440 BREAST HEALTH CENTER	0.000000	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.238085	2,980	709	55.00
56.00	05600 RADIOISOTOPE	0.141904	0	0	56.00
56.10	03630 ULTRASOUND	0.098737	0	0	56.10
57.00	05700 CT SCAN	0.022641	32,961	746	57.00
58.00	05800 MRI	0.091527	17,512	1,603	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.110720	30,182	3,342	59.00
60.00	06000 LABORATORY	0.078944	358,290	28,285	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.108724	64,354	6,997	65.00
65.01	03952 SLEEP LAB	0.227166	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.265428	7,591	2,015	66.00
68.00	06800 SPEECH PATHOLOGY	0.162961	1,296	211	68.00
69.00	06900 ELECTROCARDIOLOGY	0.108834	40,039	4,358	69.00
69.01	06901 C-PORT	0.000000	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.146096	7,594	1,109	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.296228	12,593	3,730	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.200274	9,794	1,961	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.151289	100,449	15,197	73.00
74.00	07400 RENAL DIALYSIS	0.257175	0	0	74.00
75.10	03340 GI LAB	0.139751	3,996	558	75.10
76.00	03951 ENTEROSTOMAL THERAPY	0.000000	0	0	76.00
76.10	03950 NEUROLOGY	0.000000	0	0	76.10
76.20	03290 EMG	0.000000	0	0	76.20
76.30	03953 OS SVCS	0.389930	0	0	76.30
76.40	03040 AUDIOLOGY	0.000000	0	0	76.40
76.97	07697 CARDIAC REHABILITATION	0.000000	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	0.676964	0	0	90.00
90.01	09001 PALOS DIAGNOSTIC CENTER	0.240022	0	0	90.01
90.02	09002 CARE STATIONS	0.421410	0	0	90.02
90.03	09003 OUPATIENT CARE CENTER	0.177549	0	0	90.03
91.00	09100 EMERGENCY	0.091808	159,593	14,652	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.494684	0	0	92.00
93.00	04951 OUTPATIENT REHAB	0.490271	794	389	93.00
93.10	04950 WOUND CARE CENTER	0.244954	0	0	93.10
200.00	Total (sum of lines 50 through 94 and 96 through 98)		861,421	87,733	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)		861,421		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/27/2019 2:31 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)		6,156,137	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		29,235,216	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)		242,322	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		14,756,990	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		201.91	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)		3.99	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.25	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.16	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)		3.90	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		2.90	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)		2.90	12.00
13.00	Total allowable FTE count for the prior year.		2.24	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.		2.17	14.00
15.00	Sum of lines 12 through 14 divided by 3.		2.44	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		2.44	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.012085	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.011307	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.011307	21.00
22.00	IME payment adjustment (see instructions)		218,046	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		90,918	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)		-1.00	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)		218,046	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		90,918	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.19	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.77	31.00
32.00	Sum of lines 30 and 31		25.96	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.34	33.00
34.00	Disproportionate share adjustment (see instructions)		914,866	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/27/2019 2:31 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		6,766,695,164	8,666,366,761	35.00
35.01	Factor 3 (see instructions)		0.000257715	0.000327358	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,743,879	2,837,004	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		439,553	2,121,923	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,561,476		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		39,328,063		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			39,418,981	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,860,096	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).			119,142	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)			42,398,219	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			42,398,219	61.00
62.00	Deductibles billed to program beneficiaries			3,430,776	62.00
63.00	Coinsurance billed to program beneficiaries			142,337	63.00
64.00	Allowable bad debts (see instructions)			857,137	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			557,139	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			244,490	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			39,382,245	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	IME REIMBURSEMENT			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)			44,926	70.93
70.94	HRR adjustment amount (see instructions)			-562,609	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
11/27/2019 2:31 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			417,614	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			38,446,948	71.00
71.01	Sequestration adjustment (see instructions)			768,939	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			37,113,697	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			564,312	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,036,900	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: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/27/2019 2:31 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	6,156,137	6,156,137		6,156,137	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	29,235,216		29,235,216	29,235,216	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	242,322	60,500	181,822	242,322	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	14,756,990	3,550,000	11,206,990	14,756,990	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.011307	0.011307	0.011307		5.00
6.00	IME payment adjustment (see instructions)	22.00	218,046	37,928	180,118	218,046	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	90,918	21,872	69,046	90,918	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	218,046	37,928	180,118	218,046	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	90,918	21,872	69,046	90,918	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1034	0.1034	0.1034		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	914,866	159,136	755,730	914,866	11.00
11.01	Uncompensated care payments	36.00	2,561,476	439,553	2,121,923	2,561,476	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	39,328,063	6,853,254	32,474,809	39,328,063	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	39,418,981	6,875,126	32,543,855	39,418,981	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,860,096	721,379	2,138,717	2,860,096	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			7,596,505	34,682,572	42,279,077	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/27/2019 2:31 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,684,413	677,103	2,007,310	2,684,413	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	17,303	4,326	12,977	17,303	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	0.0050	0.0050	0.0050		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	13,422	3,386	10,036	13,422	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0540	0.0540	0.0540		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	144,958	36,564	108,394	144,958	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,860,096	721,379	2,138,717	2,860,096	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	44,926	61,907	-16,981	44,926	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	-562,609	-111,203	-451,406	-562,609	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		75,472	342,142	417,614	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/27/2019 2:31 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		33,330	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,619,646	2.00
3.00	OPPS payments		17,562,823	3.00
4.00	Outlier payment (see instructions)		15,234	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)		33,330	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		220,310	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)		220,310	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)		220,310	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		186,980	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)		33,330	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)		17,578,057	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)		3,437,722	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)		14,173,665	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		57,052	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)		14,230,717	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		14,230,717	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)		597,883	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		388,624	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		249,593	36.00
37.00	Subtotal (see instructions)		14,619,341	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		14,619,341	40.00
40.01	Sequestration adjustment (see instructions)		292,387	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		14,782,111	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-455,157	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0179 Component CCN: 14-S179	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/27/2019 2:31 pm
		Title XVIII	Subprovider - IPF	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)		0.000	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 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
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/27/2019 2:31 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		36,925,634		14,782,111	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	06/19/2019	188,063		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)		188,063		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)		37,113,697		14,782,111	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		564,312		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		455,157	6.02
7.00	Total Medicare program liability (see instructions)		37,678,009		14,326,954	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: 14-0179

Period:

Worksheet E-1

Component CCN: 14-S179

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/27/2019 2:31 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		441,396		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		441,396		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		13,527		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		454,923		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: 14-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet E-1 Part II Date/Time Prepared: 11/27/2019 2:31 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: 14-0179 Component CCN: 14-S179	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part II Date/Time Prepared: 11/27/2019 2:31 pm
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	511,692		
2.00	Net IPF PPS Outlier Payments	9,359		
3.00	Net IPF PPS ECT Payments	0		
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00		
4.01	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		
5.00	New Teaching program adjustment. (see instructions)	0.00		
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00		
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00		
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00		
9.00	Average Daily Census (see instructions)	6.613699		
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.	0.000000		
11.00	Teaching Adjustment (line 1 multiplied by line 10).	0		
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	521,051		
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0		
14.00	Organ acquisition (DO NOT USE THIS LINE)	0		
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0		
16.00	Subtotal (see instructions)	521,051		
17.00	Primary payer payments	0		
18.00	Subtotal (line 16 less line 17).	521,051		
19.00	Deductibles	67,600		
20.00	Subtotal (line 18 minus line 19)	453,451		
21.00	Coinurance	3,045		
22.00	Subtotal (line 20 minus line 21)	450,406		
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	21,232		
24.00	Adjusted reimbursable bad debts (see instructions)	13,801		
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		
26.00	Subtotal (sum of lines 22 and 24)	464,207		
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0		
28.00	Other pass through costs (see instructions)	0		
29.00	Outlier payments reconciliation	0		
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0		
30.99	Demonstration payment adjustment amount before sequestration	0		
31.00	Total amount payable to the provider (see instructions)	464,207		
31.01	Sequestration adjustment (see instructions)	9,284		
31.02	Demonstration payment adjustment amount after sequestration	0		
32.00	Interim payments	441,396		
33.00	Tentative settlement (for contractor use only)	0		
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	13,527		
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0		
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	9,359		
51.00	Outlier reconciliation adjustment amount (see instructions)	0		
52.00	The rate used to calculate the Time Value of Money	0.00		
53.00	Time Value of Money (see instructions)	0		

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 11/27/2019 2:31 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	3,419,283			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)	3,419,283	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)	3,419,283	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)	3,419,283	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			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	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)	3,419,283	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			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			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: 14-0179		Period: From 07/01/2018 To 06/30/2019		Worksheet E-4 Date/Time Prepared: 11/27/2019 2:31 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.					3.09	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.25	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.16	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)					3.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					2.90	6.00
7.00	Enter the lesser of line 5 or line 6					2.90	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.	1.98		0.92		2.90	
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.	1.98		0.92		2.90	
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	1.98		0.92		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	1.30		0.87		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.54		0.00		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	1.61		0.60		14.00	
15.00	Adjustment for residents in initial years of new programs	0.00		0.00		15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00		0.00		15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00		0.00		16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00		0.00		16.01	
17.00	Adjusted rolling average FTE count	1.61		0.60		17.00	
18.00	Per resident amount	148,235.75		146,635.50		18.00	
19.00	Approved amount for resident costs	238,660		87,981		326,641	
						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	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					0.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					0.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)					0.00	
24.00	Multiply line 22 time line 23					0	
25.00	Total direct GME amount (sum of lines 19 and 24)					326,641	
		Inpatient Part		Managed care			
		A					
		1.00		2.00		3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	20,212		9,326		26.00	
27.00	Total Inpatient Days (see instructions)	52,317		52,317		27.00	
28.00	Ratio of inpatient days to total inpatient days	0.386337		0.178259		28.00	
29.00	Program direct GME amount	126,194		58,227		29.00	
30.00	Reduction for direct GME payments for Medicare Advantage			8,227		30.00	
31.00	Net Program direct GME amount					176,194	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/27/2019 2:31 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)			5,332,416	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)			36,863,674	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)			0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			36,863,674	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			17,652,976	42.00
43.00	Primary payer payments (see instructions)			728	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			17,652,248	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			54,515,922	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.676200	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.323800	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			176,194	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			119,142	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			57,052	50.00

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

Provider CCN: 14-0179

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

Worksheet G

Date/Time Prepared:
11/27/2019 2:31 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	6,245,225	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	21,442,545	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	10,797,036	0	0	0	8.00
9.00	Other current assets	13,000,000	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)	51,484,806	0	0	0	11.00
FIXED ASSETS						
12.00	Land	9,018,035	0	0	0	12.00
13.00	Land improvements	11,108,738	0	0	0	13.00
14.00	Accumulated depreciation	-7,195,285	0	0	0	14.00
15.00	Buildings	279,712,044	0	0	0	15.00
16.00	Accumulated depreciation	-92,588,084	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	103,160,524	0	0	0	23.00
24.00	Accumulated depreciation	-76,299,749	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)	226,916,223	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	641,128,511	3,693,287	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	108,932,741	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	750,061,252	3,693,287	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,028,462,281	3,693,287	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,411,383	0	0	0	37.00
38.00	Salaries, wages, and fees payable	21,154,754	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,000,000	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	46,856,667	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	81,422,804	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	190,885,313	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	61,354,640	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	252,239,953	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	333,662,757	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	694,799,524				52.00
53.00	Specific purpose fund		3,693,287			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	694,799,524	3,693,287	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,028,462,281	3,693,287	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0179

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

Worksheet G-1

Date/Time Prepared:
11/27/2019 2:31 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		677,018,436		2,879,158		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		30,208,082				2.00
3.00	Total (sum of line 1 and line 2)		707,226,518		2,879,158		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	OTHER	0		0		0	5.00
6.00	NET ASSETS RELEASED FROM RESTR	265,114		0		0	6.00
7.00	RESTR CONTRIBUTIONS AND INVESTMENT	0		4,281,109		0	7.00
8.00	PENSION RELATED CHANGES	1,093,987		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,359,101		4,281,109		10.00
11.00	Subtotal (line 3 plus line 10)		708,585,619		7,160,267		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00	RESTR ASSETS REL FOR OPER	0		3,466,980		0	14.00
15.00	NET ASSET TRANSFER	14,582,300		0		0	15.00
16.00	OTHER	613,946		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		15,196,246		3,466,980		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		693,389,373		3,693,287		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	OTHER		0				5.00
6.00	NET ASSETS RELEASED FROM RESTR		0				6.00
7.00	RESTR CONTRIBUTIONS AND INVESTMENT		0				7.00
8.00	PENSION RELATED CHANGES		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	RESTR ASSETS REL FOR OPER		0				14.00
15.00	NET ASSET TRANSFER		0				15.00
16.00	OTHER		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: 14-0179

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/27/2019 2:31 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	107,446,814		107,446,814	1.00
2.00	SUBPROVIDER - IPF	6,040,981		6,040,981	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	113,487,795		113,487,795	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	16,439,371		16,439,371	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
14.10	NICU	4,821,569		4,821,569	14.10
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	21,260,940		21,260,940	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	134,748,735		134,748,735	17.00
18.00	Ancillary services	359,782,914	537,209,652	896,992,566	18.00
19.00	Outpatient services	0	529,494	529,494	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		2,909,555	2,909,555	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	HOSPICE	0	1,634,161	1,634,161	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	494,531,649	542,282,862	1,036,814,511	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		216,845,071		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	TRANSFORMATION COSTS	668,764			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		668,764		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		217,513,835		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0179

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

Worksheet G-3

Date/Time Prepared:
11/27/2019 2:31 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,036,814,511	1.00
2.00	Less contractual allowances and discounts on patients' accounts	850,183,538	2.00
3.00	Net patient revenues (line 1 minus line 2)	186,630,973	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	217,513,835	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-30,882,862	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,336,760	6.00
7.00	Income from investments	22,249,981	7.00
8.00	Revenues from telephone and other miscellaneous communication services	240,069	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	650,151	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	45,780	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	10,328	20.00
21.00	Rental of vending machines	14,767	21.00
22.00	Rental of hospital space	89,027	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.02	CREDIT CARD REBATE	49,956	24.02
24.03	AFFILIATE SERVICES	779,572	24.03
24.04	HEALTH PROMOTION	112,427	24.04
24.05	LAB OTHER REVENUE	13,438	24.05
24.06	OTHER RENTAL REVENUE	274,335	24.06
24.07	MISCELLANEOUS REVENUE	1,716,205	24.07
24.08	SELF INSURANCE INVESTMENT INCOME	1,791,331	24.08
24.09	MATERNAL EDUCATION	7,225	24.09
24.10	SCRAP SILVER REVENUE	859	24.10
24.11	MEDICAL STAFFAPPLICATIONS	42,000	24.11
24.12	VOTIVE LIGHT REVENUE	8,248	24.12
24.13	UN RELAIZED LOSS ON INVESTMENTS	-1,252,976	24.13
24.14	REALIZED GAIN ON INVESTMENTS	31,995,515	24.14
24.17	VOLUNTEER IMPUTED SALARIES	915,946	24.17
25.00	Total other income (sum of lines 6-24)	61,090,944	25.00
26.00	Total (line 5 plus line 25)	30,208,082	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)	30,208,082	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0179

Period:

Worksheet H

HHA CCN: 14-7404

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/27/2019 2:31 pmHome Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	521,114	154,577	0	0	151,862	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	603,524	179,022	16,717	0	799,263	6.00
7.00	Physical Therapy	295,054	87,521	10,580	165,093	558,248	7.00
8.00	Occupational Therapy	80,608	23,911	3,253	52,595	160,367	8.00
9.00	Speech Pathology	0	0	0	2,674	2,674	9.00
10.00	Medical Social Services	43,841	13,005	420	0	57,266	10.00
11.00	Home Health Aide	24,762	7,345	1,540	0	33,647	11.00
12.00	Supplies (see instructions)	0	0	0	0	70,830	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,568,903	465,381	32,510	220,362	222,692	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	-92,068	735,485	0	735,485		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	799,263	0	799,263		6.00
7.00	Physical Therapy	0	558,248	0	558,248		7.00
8.00	Occupational Therapy	0	160,367	0	160,367		8.00
9.00	Speech Pathology	0	2,674	0	2,674		9.00
10.00	Medical Social Services	0	57,266	0	57,266		10.00
11.00	Home Health Aide	0	33,647	0	33,647		11.00
12.00	Supplies (see instructions)	0	70,830	0	70,830		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)	-92,068	2,417,780	0	2,417,780		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: 14-0179

Period:

Worksheet H-1

HHA CCN: 14-7404

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/27/2019 2:31 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	735,485	0	0	0	0	735,485	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	799,263	0	0	0	0	799,263	6.00	
7.00	Physical Therapy	558,248	0	0	0	0	558,248	7.00	
8.00	Occupational Therapy	160,367	0	0	0	0	160,367	8.00	
9.00	Speech Pathology	2,674	0	0	0	0	2,674	9.00	
10.00	Medical Social Services	57,266	0	0	0	0	57,266	10.00	
11.00	Home Health Aide	33,647	0	0	0	0	33,647	11.00	
12.00	Supplies (see instructions)	70,830	0	0	0	0	70,830	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)	2,417,780	0	0	0	0	2,417,780	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	735,485						5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	364,512	1,163,775					6.00	
7.00	Physical Therapy	229,101	787,349					7.00	
8.00	Occupational Therapy	66,437	226,804					8.00	
9.00	Speech Pathology	1,662	4,336					9.00	
10.00	Medical Social Services	18,389	75,655					10.00	
11.00	Home Health Aide	7,593	41,240					11.00	
12.00	Supplies (see instructions)	47,791	118,621					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)		2,417,780					24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0179

Period:

Worksheet H-1

HHA CCN: 14-7404

From 07/01/2018

Part II

To 06/30/2019

Date/Time Prepared:

11/27/2019 2:31 pm

Home Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Agency 1 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	-735,485	1,618,507	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	2,880	802,143	6.00	
7.00	Physical Therapy	0	0	0	0	-54,088	504,160	7.00	
8.00	Occupational Therapy	0	0	0	0	-14,166	146,201	8.00	
9.00	Speech Pathology	0	0	0	0	984	3,658	9.00	
10.00	Medical Social Services	0	0	0	0	-16,799	40,467	10.00	
11.00	Home Health Aide	0	0	0	0	-16,938	16,709	11.00	
12.00	Supplies (see instructions)	0	0	0	0	34,339	105,169	12.00	
13.00	Drugs	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)	0	0	0	0	-799,273	1,618,507	24.00	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		735,485	25.00	
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.454422	26.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0179

Period:

Worksheet H-2

HHA CCN: 14-7404

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/27/2019 2:31 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	39,680	12,254	51,934	7,323	1.00
2.00	Skilled Nursing Care	1,163,775	0	0	9,054	1,172,829	160,725	2.00
3.00	Physical Therapy	787,349	0	0	4,378	791,727	100,694	3.00
4.00	Occupational Therapy	226,804	0	0	1,074	227,878	29,219	4.00
5.00	Speech Pathology	4,336	0	0	0	4,336	727	5.00
6.00	Medical Social Services	75,655	0	0	1,025	76,680	8,152	6.00
7.00	Home Health Aide	41,240	0	0	1,140	42,380	3,407	7.00
8.00	Supplies (see instructions)	118,621	0	0	0	118,621	20,910	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)	2,417,780	0	39,680	28,925	2,486,385	331,157	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	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: 14-0179

Period:

Worksheet H-2

HHA CCN: 14-7404

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/27/2019 2:31 pmHome 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	43,043	0	86	0	0	1.00
2.00	Skilled Nursing Care	0	31,799	0	0	3,826	0	2.00
3.00	Physical Therapy	0	15,378	0	0	3,104	0	3.00
4.00	Occupational Therapy	0	3,772	0	0	839	0	4.00
5.00	Speech Pathology	0	0	0	0	17	0	5.00
6.00	Medical Social Services	0	3,599	0	0	116	0	6.00
7.00	Home Health Aide	0	4,003	0	0	225	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	493	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	101,594	0	86	8,620	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		PARAMED ED PRGM	Subtotal	
		19.00	20.00	SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	23.00	24.00	
1.00	Administrative and General	0	0	0	0	0	102,386	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	1,369,179	2.00
3.00	Physical Therapy	0	0	0	0	0	910,903	3.00
4.00	Occupational Therapy	0	0	0	0	0	261,708	4.00
5.00	Speech Pathology	0	0	0	0	0	5,080	5.00
6.00	Medical Social Services	0	0	0	0	0	88,547	6.00
7.00	Home Health Aide	0	0	0	0	0	50,015	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	140,024	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	2,927,842	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: 14-0179

Period:

Worksheet H-2

HHA CCN: 14-7404

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/27/2019 2:31 pmHome Health
Agency I

PPS

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		25.00	26.00	27.00	28.00		
1.00	Administrative and General	0	102,386				1.00
2.00	Skilled Nursing Care	0	1,369,179	49,615	1,418,794		2.00
3.00	Physical Therapy	0	910,903	33,008	943,911		3.00
4.00	Occupational Therapy	0	261,708	9,484	271,192		4.00
5.00	Speech Pathology	0	5,080	184	5,264		5.00
6.00	Medical Social Services	0	88,547	3,209	91,756		6.00
7.00	Home Health Aide	0	50,015	1,812	51,827		7.00
8.00	Supplies (see instructions)	0	140,024	5,074	145,098		8.00
9.00	Drugs	0	0	0	0		9.00
10.00	DME	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0		13.00
14.00	Clinic	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	0	2,927,842	102,386	2,927,842		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.			0.036237			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: 14-0179

Period:

Worksheet H-2

HHA CCN: 14-7404

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/27/2019 2:31 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS			Reconciliation	Agency 1			
		BLDG & FIXT ((SQUARE FEET))	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (FTE'S SALARIES))		ADMINISTRATIVE & GENERAL (ACCUM COST)			MAINTENANCE & REPAIRS ((SQUARE FEET))
						1.00			2.00
1.00	Administrative and General	0	40,994	15,428	2,066	54,000	0	1.00	
2.00	Skilled Nursing Care	0	0	11,398	12,285	1,185,114	0	2.00	
3.00	Physical Therapy	0	0	5,512	-49,259	742,468	0	3.00	
4.00	Occupational Therapy	0	0	1,352	-12,427	215,451	0	4.00	
5.00	Speech Pathology	0	0	0	1,027	5,363	0	5.00	
6.00	Medical Social Services	0	0	1,290	-16,568	60,112	0	6.00	
7.00	Home Health Aide	0	0	1,435	-17,261	25,119	0	7.00	
8.00	Supplies (see instructions)	0	0	0	35,559	154,180	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	40,994	36,415		2,441,807	0	20.00	
21.00	Total cost to be allocated	0	39,680	28,925		331,157	0	21.00	
22.00	Unit cost multiplier	0.000000	0.967947	0.794316		0.135620	0.000000	22.00	
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE ((POUNDS OF LAUNDRY))	HOUSEKEEPING (SQUARE FEET)	DIETARY ((MEALS SERVED))	CAFETERIA ((MEALS SERVED))	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	0	0	1.00	
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00	
3.00	Physical Therapy	0	0	0	0	0	0	3.00	
4.00	Occupational Therapy	0	0	0	0	0	0	4.00	
5.00	Speech Pathology	0	0	0	0	0	0	5.00	
6.00	Medical Social Services	0	0	0	0	0	0	6.00	
7.00	Home Health Aide	0	0	0	0	0	0	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	0	19.00	
19.50	Telemedicine	0	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00	
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00	
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0179

Period:

Worksheet H-2

HHA CCN: 14-7404

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/27/2019 2:31 pmHome Health
Agency I

PPS

Cost Center Description		NURSING ADMINISTRATION ((DIRECT NRSRG HRS))	CENTRAL SERVICES & SUPPLY ((COSTED REQUIS))	PHARMACY ((COSTED REQUIS))	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	15,428	0	230	0	0	0	1.00
2.00	Skilled Nursing Care	11,398	0	0	1,230,305	0	0	2.00
3.00	Physical Therapy	5,512	0	0	998,020	0	0	3.00
4.00	Occupational Therapy	1,352	0	0	269,735	0	0	4.00
5.00	Speech Pathology	0	0	0	5,463	0	0	5.00
6.00	Medical Social Services	1,290	0	0	37,156	0	0	6.00
7.00	Home Health Aide	1,435	0	0	72,473	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	158,595	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	36,415	0	230	2,771,747	0	0	20.00
21.00	Total cost to be allocated	101,594	0	86	8,620	0	0	21.00
22.00	Unit cost multiplier	2.789894	0.000000	0.373913	0.003110	0.000000	0.000000	22.00
Cost Center Description		INTERNS & RESIDENTS						
		NURSING SCHOOL	SERVICES-SALAR Y & FRINGES APPRV ((ASSIGNED TIME))	SERVICES-OTHER PRGM COSTS APPRV ((ASSIGNED TIME))	PARAMED ED PRGM ((ASSIGNED TIME))			
		((ASSIGNED TIME))	20.00	21.00	22.00	23.00		
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: 14-0179

Period:

Worksheet H-3

HHA CCN: 14-7404

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/27/2019 2:31 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)	Agency 1 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	1,418,794		1,418,794	6,808	208.40	1.00
2.00	Physical Therapy	3.00	943,911	0	943,911	5,955	158.51	2.00
3.00	Occupational Therapy	4.00	271,192	0	271,192	1,915	141.61	3.00
4.00	Speech Pathology	5.00	5,264	0	5,264	30	175.47	4.00
5.00	Medical Social Services	6.00	91,756		91,756	171	536.58	5.00
6.00	Home Health Aide	7.00	51,827		51,827	627	82.66	6.00
7.00	Total (sum of lines 1-6)		2,782,744	0	2,782,744	15,506		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits			
					Part B			
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		16974	0	4,604			8.00
9.00	Physical Therapy		16974	0	3,675			9.00
10.00	Occupational Therapy		16974	0	1,178			10.00
11.00	Speech Pathology		16974	0	17			11.00
12.00	Medical Social Services		16974	0	117			12.00
13.00	Home Health Aide		16974	0	328			13.00
14.00	Total (sum of lines 8-13)			0	9,919			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	145,098	0	145,098	493,803	0.293838	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Cost Center Description		Program Visits			Cost of Services			
		Part B						
		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	4,604		0	959,474		1.00
2.00	Physical Therapy	0	3,675		0	582,524		2.00
3.00	Occupational Therapy	0	1,178		0	166,817		3.00
4.00	Speech Pathology	0	17		0	2,983		4.00
5.00	Medical Social Services	0	117		0	62,780		5.00
6.00	Home Health Aide	0	328		0	27,112		6.00
7.00	Total (sum of lines 1-6)	0	9,919		0	1,801,690		7.00
Cost Center Description								
		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0179

Period:

Worksheet H-3

HHA CCN: 14-7404

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/27/2019 2:31 pm

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Home Health
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Cost Center Description		Program Covered Charges			Cost of Services	Agency 1			
		Part A	Part B			Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance		
			6.00	7.00	8.00		9.00	10.00	11.00
	Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	164,013	0	0	48,193	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	959,474						1.00	
2.00	Physical Therapy	582,524						2.00	
3.00	Occupational Therapy	166,817						3.00	
4.00	Speech Pathology	2,983						4.00	
5.00	Medical Social Services	62,780						5.00	
6.00	Home Health Aide	27,112						6.00	
7.00	Total (sum of lines 1-6)	1,801,690						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: 14-0179

Period:

Worksheet H-3

HHA CCN: 14-7404

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/27/2019 2:31 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	0.265428	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy							2.00
3.00 Speech Pathology	68.00	0.162961	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.296228	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.151289	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0179 HHA CCN: 14-7404	Period: From 07/01/2018 To 06/30/2019	Worksheet H-4 Part I-II Date/Time Prepared: 11/27/2019 2:31 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	728	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	-728	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,661,995	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	133,408	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	30,862	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	19,910	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	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	1,845,447	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	1,845,447	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	1,845,447	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	1,845,447	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	1,845,447	31.00
31.01	Sequestration adjustment (see instructions)		0	36,861	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	1,806,186	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	2,400	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIES

Provider CCN: 14-0179

Period:

Worksheet H-5

HHA CCN: 14-7404

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/27/2019 2:31 pmHome Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,806,186	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		1,806,186	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		2,400	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1,808,586	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0179

Period:

Worksheet 0

Hospice CCN: 14-1511

From 07/01/2018

To 06/30/2019

Date/Time Prepared:

11/27/2019 2:31 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	371,096	222,239	593,335	-41,096	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	30,525	10,035	40,560	0	13.00
14.00	PHARMACY*	0	16,445	16,445	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		83,965	83,965	0	25.00
26.00	PHYSICIAN SERVICES**	0	66,000	66,000	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	319,680	105,088	424,768	0	28.00
29.00	LPN/LVN**	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	75	25	100	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	20,386	6,701	27,087	0	33.00
34.00	SPIRITUAL COUNSELING**	49,939	16,416	66,355	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	51,895	17,059	68,954	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	79,569	79,569	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	16,445	16,445	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	18,059	18,059	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	843,596	658,046	1,501,642	-41,096	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0179

Period:

Worksheet 0

Hospice CCN: 14-1511

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/27/2019 2:31 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	552,239	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	40,560	13.00
14.00	PHARMACY*	0	16,445	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	83,965	25.00
26.00	PHYSICIAN SERVICES**	0	66,000	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	424,768	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	100	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	27,087	33.00
34.00	SPIRITUAL COUNSELING**	0	66,355	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	68,954	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	79,569	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	16,445	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	18,059	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	0	1,460,546	100.00

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

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

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

Provider CCN: 14-0179

Period:

Worksheet 0-1

Hospice CCN: 14-1511

From 07/01/2018

To 06/30/2019

Date/Time Prepared:
11/27/2019 2:31 pm

				Hospice I		11/27/2018 2:01 pm	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	66,000	66,000	0	66,000	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	319,680	105,088	424,768	0	424,768	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	75	25	100	0	100	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	20,386	6,701	27,087	0	27,087	33.00
34.00	SPIRITUAL COUNSELING	49,939	16,416	66,355	0	66,355	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	51,895	17,059	68,954	0	68,954	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	79,569	79,569	0	79,569	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	16,445	16,445	0	16,445	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	18,059	18,059	0	18,059	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	441,975	325,362	767,337	0	767,337	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	66,000	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	424,768	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	100	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	27,087	33.00
34.00	SPIRITUAL COUNSELING	0	66,355	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	68,954	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	79,569	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	16,445	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	18,059	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	767,337	100.00

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

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

Provider CCN: 14-0179

Period:

Worksheet 0-3

Hospice CCN: 14-1511

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/27/2019 2:31 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		3,285	3,285	0	3,285	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	3,285	3,285	0	3,285	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	3,285	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	3,285	100.00

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

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

Provider CCN: 14-0179

Period:

Worksheet 0-4

Hospice CCN: 14-1511

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/27/2019 2:31 pm

						Hospice I		11/27/2018 2:01 pm					
		SALARIES		OTHER		SUBTOTAL (col. 1 + col. 2)		RECLASSIFI- CATIONS		SUBTOTAL			
		1.00		2.00		3.00		4.00		5.00			
DIRECT PATIENT CARE SERVICE COST CENTERS													
25.00	INPATIENT CARE-CONTRACTED			80,680		80,680		0		80,680		25.00	
26.00	PHYSICIAN SERVICES		0	0		0		0		0		26.00	
27.00	NURSE PRACTITIONER		0	0		0		0		0		27.00	
28.00	REGISTERED NURSE		0	0		0		0		0		28.00	
29.00	LPN/LVN		0	0		0		0		0		29.00	
30.00	PHYSICAL THERAPY		0	0		0		0		0		30.00	
31.00	OCCUPATIONAL THERAPY		0	0		0		0		0		31.00	
32.00	SPEECH/LANGUAGE PATHOLOGY		0	0		0		0		0		32.00	
33.00	MEDICAL SOCIAL SERVICES		0	0		0		0		0		33.00	
34.00	SPIRITUAL COUNSELING		0	0		0		0		0		34.00	
35.00	DIETARY COUNSELING		0	0		0		0		0		35.00	
36.00	COUNSELING - OTHER		0	0		0		0		0		36.00	
37.00	HOSPICE AIDE & HOME MAKER SERVICES		0	0		0		0		0		37.00	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN		0	0		0		0		0		38.00	
39.00	PATIENT TRANSPORTATION		0	0		0		0		0		39.00	
40.00	IMAGING SERVICES		0	0		0		0		0		40.00	
41.00	LABS & DIAGNOSTICS		0	0		0		0		0		41.00	
42.00	MEDICAL SUPPLIES-NON-ROUTINE		0	0		0		0		0		42.00	
42.50	DRUGS CHARGED TO PATIENTS		0	0		0		0		0		42.50	
43.00	OUTPATIENT SERVICES		0	0		0		0		0		43.00	
44.00	PALLIATIVE RADIATION THERAPY		0	0		0		0		0		44.00	
45.00	PALLIATIVE CHEMOTHERAPY		0	0		0		0		0		45.00	
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)		0	0		0		0		0		46.00	
100.00	TOTAL *		0	80,680		80,680		0		80,680		100.00	

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	80,680	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	80,680	100.00

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

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

Provider CCN: 14-0179

Period:

Worksheet 0-5

Hospice CCN: 14-1511

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/27/2019 2:31 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	27,828	27,828	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	17,265	17,265	3.00
4.00	ADMINISTRATIVE & GENERAL	552,239	200,533	752,772	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	60,641	60,641	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	10.00
11.00	MEDICAL RECORDS	0	4,742	4,742	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	40,560	0	40,560	13.00
14.00	PHARMACY	16,445	6,143	22,588	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	767,337	0	767,337	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	3,285	0	3,285	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	80,680	0	80,680	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	1,460,546	317,152	1,777,698	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:

Worksheet 0-6

Hospice CCN: 14-1511

From 07/01/2018
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Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0		1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	0		0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	27,828			27,828			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	17,265		0	0	17,265		3.00
4.00	ADMINISTRATIVE & GENERAL	752,772		0	27,828	15,847	796,447	4.00
5.00	PLANT OPERATION & MAINTENANCE	0		0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0		0	0	0	0	6.00
7.00	HOUSEKEEPING	0		0	0	0	0	7.00
8.00	DIETARY	0		0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	60,641		0	0	0	60,641	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0	0	0	0	10.00
11.00	MEDICAL RECORDS	4,742		0	0	0	4,742	11.00
12.00	STAFF TRANSPORTATION	0		0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	40,560		0	0	1,418	41,978	13.00
14.00	PHARMACY	22,588		0	0	0	22,588	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0		0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0	0	0	0	17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	767,337				0	767,337	50.00
51.00	HOSPICE ROUTINE HOME CARE	0				0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	3,285		0	0	0	3,285	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	80,680		0	0	0	80,680	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0		0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0		0	0	0	0	61.00
62.00	FUNDRAISING	0		0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0		0	0	0	0	66.00
67.00	ADVERTISING	0		0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	0	0	0	68.00
69.00	THRIFT STORE	0		0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0		0	0	0	0	99.00
100.00	TOTAL	1,777,698		0	27,828	17,265	1,777,698	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:

Worksheet 0-6

Hospice CCN: 14-1511

From 07/01/2018
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Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00		5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	796,447						4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	0	0			0		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	49,220	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0			0		10.00
11.00	MEDICAL RECORDS	3,849	0			0		11.00
12.00	STAFF TRANSPORTATION	0	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	34,072	0			0		13.00
14.00	PHARMACY	18,334	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	0	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	622,821						50.00
51.00	HOSPICE ROUTINE HOME CARE	0						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	2,666	0		0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	65,485	0		0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	796,447	0		0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:

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Descriptions		Hospice I					
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	109,861					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0				10.00
11.00	MEDICAL RECORDS	0		8,591			11.00
12.00	STAFF TRANSPORTATION	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	7,494			0	83,544	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	8,323	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	102,367	0	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	10	0	2,163	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	258	0	81,381	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	109,861	0	8,591	0	83,544	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0179

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Hospice CCN: 14-1511

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Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	40,922					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		1,398,481	50.00
51.00	HOSPICE ROUTINE HOME CARE	40,922	0	0		143,289	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	8,124	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	227,804	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	40,922	0	0	0	1,777,698	100.00

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

Provider CCN: 14-0179

Period:

Worksheet 0-6

Hospice CCN: 14-1511

From 07/01/2018
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Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		29,664				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	12,528			3.00
4.00	ADMINISTRATIVE & GENERAL	0	29,664	11,499	-796,447	981,251	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	60,641	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	4,742	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	1,029	0	41,978	13.00
14.00	PHARMACY	0	0	0	0	22,588	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	767,337	50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	3,285	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	80,680	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	27,828	17,265		796,447	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.938107	1.378113		0.811665	101.00

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

Provider CCN: 14-0179

Period:

Worksheet 0-6

Hospice CCN: 14-1511

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To 06/30/2019Part II
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Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	0					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		15,246	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		1,040	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					14,206	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0	0	109,861	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	0.000000	7.205890	101.00

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

Provider CCN: 14-0179

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Cost Center Descriptions		Hospice I				
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)
		10.00	11.00	12.00	13.00	14.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0				10.00
11.00	MEDICAL RECORDS		7,368			11.00
12.00	STAFF TRANSPORTATION			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	309	13.00
14.00	PHARMACY			0	0	100 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0 15.00
16.00	OTHER GENERAL SERVICE			0	0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	7,138	0	0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0	0	100 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	9	0	8	0 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	221	0	301	0 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0 60.00
61.00	VOLUNTEER PROGRAM			0	0	0 61.00
62.00	FUNDRAISING			0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0 65.00
66.00	RESIDENTIAL CARE			0	0	0 66.00
67.00	ADVERTISING			0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0 68.00
69.00	THRIFT STORE			0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0 71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	8,591	0	83,544	40,922 100.00
101.00	UNIT COST MULTIPLIER	0.000000	1.165988	0.000000	270.368932	409.220000 101.00

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

Provider CCN: 14-0179

Period:

Worksheet 0-6

Hospice CCN: 14-1511

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/27/2019 2:31 pm

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

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

Provider CCN: 14-0179

Period:
From 07/01/2018

Worksheet 0-7

Hospice CCN: 14-1511

To 06/30/2019

Date/Time Prepared:
11/27/2019 2:31 pm

					Hospice I		
Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS	0	1.00	2.00	3.00	4.00	
1.00	PHYSICAL THERAPY	66.00	0.265428	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00					2.00
3.00	SPEECH PATHOLOGY	68.00	0.162961	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.151289	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.078944	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.296228	0	0	0	7.00
8.00	OUTPATIENT REHAB	93.00	0.488176	0	0	0	8.00
8.10	WOUND CARE CENTER	93.10	0.241417	0	0	0	8.10
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.238085	0	0	0	9.00
10.00	ENTEROSTOMAL THERAPY	76.00	0.000000	0	0	0	10.00
10.10	NEUROLOGY	76.10	0.000000	0	0	0	10.10
10.20	EMG	76.20	0.000000	0	0	0	10.20
10.30	OS SVCS	76.30	0.389930	0	0	0	10.30
10.40	AUDIOLOGY	76.40	0.000000	0	0	0	10.40
10.97	CARDIAC REHABILITATION	76.97	0.000000	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	0	10.98
10.99	LITHOTRIPSY	76.99	0.000000	0	0	0	10.99
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY						2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OUTPATIENT REHAB	0	0	0	0	0	8.00
8.10	WOUND CARE CENTER	0	0	0	0	0	8.10
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	ENTEROSTOMAL THERAPY	0	0	0	0	0	10.00
10.10	NEUROLOGY	0	0	0	0	0	10.10
10.20	EMG	0	0	0	0	0	10.20
10.30	OS SVCS	0	0	0	0	0	10.30
10.40	AUDIOLOGY	0	0	0	0	0	10.40
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
10.99	LITHOTRIPSY	0	0	0	0	0	10.99
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0179

Period:

Worksheet 0-8

Hospice CCN: 14-1511

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/27/2019 2:31 pm

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			1,398,481	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			7,138	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			195.92	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	6,816	26		4.00
5.00	Program cost (line 3 times line 4)	1,335,391	5,094		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			143,289	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			0	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			0.00	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	0	0		9.00
10.00	Program cost (line 8 times line 9)	0	0		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			8,124	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			9	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			902.67	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	6	0		14.00
15.00	Program cost (line 13 times line 14)	5,416	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			227,804	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			221	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			1,030.79	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	181	6		19.00
20.00	Program cost (line 18 times line 19)	186,573	6,185		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			1,777,698	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			7,368	22.00
23.00	Average cost per diem (line 21 divided by line 22)			241.27	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0179	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/27/2019 2:31 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,684,413	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		17,303	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)		137.25	3.00
4.00	Number of interns & residents (see instructions)		2.44	4.00
5.00	Indirect medical education percentage (see instructions)		0.50	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)		13,422	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.19	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.77	8.00
9.00	Sum of lines 7 and 8		25.96	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.40	10.00
11.00	Disproportionate share adjustment (see instructions)		144,958	11.00
12.00	Total prospective capital payments (see instructions)		2,860,096	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