

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interest on payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0050

EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 7/23/2020 3:51 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 7/23/2020	Time: 3:51 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE 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 RIVERSIDE MEDICAL CENTER (14-0186) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) PATRICIA VILT

Officer or Administrator of Provider(s)

CHIEF ACCOUNTING OFFICER

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
			1.00	2.00			
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	39,238	-1,819	0	0	1.00
2.00	Subprovider - IPF	0	37,781	-1		0	2.00
3.00	Subprovider - IRF	0	-24,687	0		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		91,545		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	52,332	89,725	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 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 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:14-0186		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 7/23/2020 3:51 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street:350 NORTH WALL STREET			PO Box:				1.00			
2.00	City: KANKAKEE			State: IL		Zip Code:60901		County: USA 2.00			
		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		RIVERSIDE MEDICAL CENTER	140186	28100	1	01/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		RIVERSIDE MEDICAL CENTER	14S186	28100	4	01/01/2015	N	P	O	4.00
5.00	Subprovider - IRF		RIVERSIDE MEDICAL CENTER	14T186	28100	5	01/01/1984	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		RIVERSIDE MEDICAL CENTER	147400	28100		01/01/1984	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC		PEMBROKE RURAL HEALTH CLINIC	143976	28100		01/01/1987	N	O	N	15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:		To:			
						1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2019		12/31/2019		20.00	
21.00	Type of Control (see instructions)					2				21.00	
						1.00		2.00		3.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N			23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
7/23/2020 3:51 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,488	2,257	0	0	8,254	277	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	85	35	0	0	262		25.00
						Urban/Rural Status	Date of Geographic Reclassification	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
	Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	48.00
	Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.							57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0186		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 7/23/2020 3:51 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 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section N 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" N for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 7/23/2020 3:51 pm		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000 64.00	
		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
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	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	6.67	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)	INTERNAL MEDICINE		0.00	14.47	0.000000 67.00

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y		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	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	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	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 7/23/2020 3:51 pm
		V	XIX	
		1.00	2.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR N Section §412.113(c). Enter "Y" for yes or "N" for no.			108.00
		Physical	Occupational	Speech
		1.00	2.00	3.00
				Respiratory
				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.			109.00
				1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110.00
				1.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.		N	111.00
				1.00
				2.00
				3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		N	112.00
				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	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	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	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

Health Financial Systems		RIVERSIDE MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 7/23/2020 3:51 pm	
		1.00	2.00		
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00	
133.00	Removed and reserved			133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00	
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			140.00	
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
				1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			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
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N
				1.00	
165.00	Multicampus 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.	Enter N			165.00
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
				1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y			167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99			169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
7/23/2020 3:51 pm

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			171.00

Health Financial Systems		RIVERSIDE MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 7/23/2020 3:51 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.	N			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.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				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
				Date	Date
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	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	06/02/2020	Y	06/02/2020
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	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		N	19.00

Health Financial Systems		RIVERSIDE MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0186		Period: From 01/01/2019 To 12/31/2019	
		Worksheet S-2 Part II Date/Time Prepared: 7/23/2020 3:51 pm			
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N	N		20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?	N			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	N			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N			40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RICHARD	SCHILTZ		41.00
42.00	Enter the employer/company name of the cost report preparer	RIVERSIDE MEDICAL CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	8159357256 X3492	RPSCHILTZ@RHC.NET		43.00

Health Financial Systems		RIVERSIDE MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 7/23/2020 3:51 pm	
		3.00			
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF FINANCE			41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
7/23/2020 3:51 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	225	82,125	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)		225	82,125	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,570	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	13	4,745	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		256	93,440	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,110		0	16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,950		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		300				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:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
7/23/2020 3:51 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)	16,273	5,027	42,905			1.00
2.00 HMO and other (see instructions)	5,315	8,254				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	262				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	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	16,273	5,027	42,905			7.00
8.00 INTENSIVE CARE UNIT	1,627	436	3,725			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		282	2,411			13.00
14.00 Total (see instructions)	17,900	5,745	49,041	21.14	2,085.45	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,853	183	2,881	0.00	22.31	16.00
17.00 SUBPROVIDER - IRF	6,614	120	8,380	0.00	42.82	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	16,651	1,480	24,837	0.00	47.28	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						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
26.00 RURAL HEALTH CLINIC	290	0	1,517	0.00	2.50	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)				21.14	2,200.36	27.00
28.00 Observation Bed Days		429	2,995			28.00
29.00 Ambulance Trips	3,430					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	277	641			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:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
7/23/2020 3:51 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,354	2,300	10,730	1.00
2.00 HMO and other (see instructions)			1,146	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,354	2,300	10,730	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	193	23	299	16.00
17.00 SUBPROVIDER - IRF	0.00	0	599	35	767	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					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:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
7/23/2020 3:51 pm

	Wkst. A Line Number	Amount Reported	Reclassification 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	165,196,513	3,071,608	168,268,121	4,451,607.00	37.80
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		459,276	0	459,276	4,197.00	109.43
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		59,669	0	59,669	3,522.00	16.94
7.00	Interns & residents (in an approved program)	21.00	696,788	0	696,788	23,139.00	30.11
7.01	Contracted interns and residents (in an approved programs)		802,300	0	802,300	19,928.00	40.26
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)		62,777,753	1,705,668	64,483,421	1,157,557.00	55.71
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,802,670	0	2,802,670	45,811.00	61.18
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		0	0	0	0.00	0.00
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
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		27,150,098	0	27,150,098		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		9,851,595	0	9,851,595		
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		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		42,721	0	42,721		
24.00	Wage-related costs (RHC/FQHC)		25,483	0	25,483		
25.00	Interns & residents (in an approved program)		190,233	0	190,233		
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		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
7/23/2020 3:51 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	735,055	8,902	743,957	21,794.00	34.14	26.00
27.00	Administrative & General	5.00	23,876,538	2,230,665	26,107,203	748,387.00	34.88	27.00
28.00	Administrative & General under contract (see inst.)		458,579	0	458,579	1,906.00	240.60	28.00
29.00	Maintenance & Repairs	6.00	1,705,436	37,136	1,742,572	63,616.00	27.39	29.00
30.00	Operation of Plant	7.00	523,793	29,526	553,319	26,328.00	21.02	30.00
31.00	Laundry & Linen Service	8.00	556,814	7,251	564,065	37,286.00	15.13	31.00
32.00	Housekeeping	9.00	2,347,831	28,160	2,375,991	154,496.00	15.38	32.00
33.00	Housekeeping under contract (see instructions)		179,394	0	179,394	3,840.00	46.72	33.00
34.00	Dietary	10.00	1,632,727	-1,155,036	477,691	30,863.00	15.48	34.00
35.00	Dietary under contract (see instructions)		342,524	0	342,524	7,680.00	44.60	35.00
36.00	Cafeteria	11.00	0	1,172,076	1,172,076	75,159.00	15.59	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,660,527	-2,210,501	450,026	18,836.00	23.89	38.00
39.00	Central Services and Supply	14.00	521,493	17,788	539,281	28,979.00	18.61	39.00
40.00	Pharmacy	15.00	3,339,008	-3,339,008	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	1,431,451	31,612	1,463,063	52,257.00	28.00	41.00
42.00	Social Service	17.00	2,082,652	-825,850	1,256,802	35,922.00	34.99	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part III
Date/Time Prepared:
7/23/2020 3:51 pm

	Worksheet A Line Number	Amount Reported	Reclassification 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)	164,158,977	3,071,608	167,230,585	4,414,247.00	37.88	1.00
2.00	Excluded area salaries (see instructions)	62,777,753	1,705,668	64,483,421	1,157,557.00	55.71	2.00
3.00	Subtotal salaries (line 1 minus line 2)	101,381,224	1,365,940	102,747,164	3,256,690.00	31.55	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,802,670	0	2,802,670	45,811.00	61.18	4.00
5.00	Subtotal wage-related costs (see inst.)	27,150,098	0	27,150,098	0.00	26.42	5.00
6.00	Total (sum of lines 3 thru 5)	131,333,992	1,365,940	132,699,932	3,302,501.00	40.18	6.00
7.00	Total overhead cost (see instructions)	42,393,822	-3,967,279	38,426,543	1,307,349.00	29.39	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part IV
Date/Time Prepared:
7/23/2020 3:51 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	5,817,955	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	18,329,660	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	314,375	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	265,258	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)	561,058	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	902,677	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	10,698,793	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	192,000	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	178,354	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	37,260,130	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part V
Date/Time Prepared:
7/23/2020 3:51 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	3,783,167	37,260,130	1.00
2.00	Hospital	3,783,167	27,281,396	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	9,978,734	18.00

Health Financial Systems		RIVERSIDE MEDICAL CENTER			In Lieu of Form CMS-2552-10		
HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN:14-0186 Component CCN:14-7400		Period: From 01/01/2019 To 12/31/2019	
				Home Health Agency I		Worksheet S-4 Date/Time Prepared: 7/23/2020 3:51 pm	
						PPS	
				1.00			
0.00 County				KANKAKEE		0.00	
				Title V	Title XVIII	Title XIX	Other
				1.00	2.00	3.00	4.00
				Total		5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,219	85	125	1,429	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	923.00	206.00	312.00	1,441.00	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	0.00	3.00
4.00	Director(s) and Assistant Director(s)		0.00	0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel		18.54	0.00	18.54	5.00	
6.00	Direct Nursing Service		13.98	0.00	13.98	6.00	
7.00	Nursing Supervisor		0.00	0.00	0.00	7.00	
8.00	Physical Therapy Service		11.16	0.00	11.16	8.00	
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00	
10.00	Occupational Therapy Service		1.73	0.00	1.73	10.00	
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00	
12.00	Speech Pathology Service		0.10	0.00	0.10	12.00	
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00	
14.00	Medical Social Service		1.07	0.00	1.07	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.		4				19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		16580				20.00
20.01			16974				20.01
20.02			28100				20.02
20.03			99914				20.03
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	7,374	693	232	170	8,469	21.00
22.00	Skilled Nursing Visit Charges	1,841,000	173,250	54,000	42,500	2,110,750	22.00
23.00	Physical Therapy Visits	5,901	275	63	159	6,398	23.00
24.00	Physical Therapy Visit Charges	1,622,225	75,625	17,325	43,725	1,758,900	24.00
25.00	Occupational Therapy Visits	788	100	2	24	914	25.00
26.00	Occupational Therapy Visit Charges	216,700	27,500	550	6,600	251,350	26.00
27.00	Speech Pathology Visits	85	44	0	0	129	27.00
28.00	Speech Pathology Visit Charges	23,375	12,100	0	0	35,475	28.00
29.00	Medical Social Service Visits	11	2	0	0	13	29.00
30.00	Medical Social Service Visit Charges	3,025	550	0	0	3,575	30.00
31.00	Home Health Aide Visits	645	62	2	19	728	31.00
32.00	Home Health Aide Visit Charges	48,375	4,650	150	1,425	54,600	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	14,804	1,176	299	372	16,651	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)	3,754,700	293,675	72,025	94,250	4,214,650	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,054		100	39	1,193	36.00
37.00	Total Number of Outlier Episodes		36		0	36	37.00
38.00	Total Non-Routine Medical Supply Charges	57,451	20,171	7,646	705	85,973	38.00

Health Financial Systems		RIVERSIDE MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN:14-0186 Component CCN:14-3976		Period: From 01/01/2019 To 12/31/2019 Worksheet S-8 Date/Time Prepared: 7/23/2020 3:51 pm	
		RHC I		Cost	
		1.00			
1.00	Clinic Address and Identification				
	Street	3400 SOUTH MAIN ST 1.00			
		City	State	ZIP Code	
		1.00	2.00	3.00	
2.00	City, State, ZIP Code, County	HOPKINS PARK IL 60944 2.00			
		1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban	0 3.00			
		Grant Award		Date	
		1.00		2.00	
Source of Federal Funds					
4.00	Community Health Center (Section 330(d), PHS Act)	4.00			
5.00	Migrant Health Center (Section 329(d), PHS Act)	5.00			
6.00	Health Services for the Homeless (Section 340(d), PHS Act)	6.00			
7.00	Appalachian Regional Commission	7.00			
8.00	Look-Alikes	8.00			
9.00	OTHER (SPECIFY)	9.00			
		1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	yes or N 0 10.00			
		Sunday		Monday	
		from	to	from	to
		1.00	2.00	3.00	4.00
		Tuesday		from	
		1.00		2.00	
11.00	Facility hours of operations (1)				
	CLINIC	08:30		17:00	
		1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?	N 12.00			
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.	N 0 13.00			
		Provider name		CCN number	
		1.00		2.00	
14.00	RHC/FQHC name, CCN number	14.00			
		Y/N	V	XVIII	XIX
		1.00	2.00	3.00	4.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)	15.00			
		County		4.00	
2.00	City, State, ZIP Code, County	KANKAKEE 2.00			
		Tuesday		Wednesday	
		to	from	to	from
		6.00	7.00	8.00	9.00
		Thursday		to	
		17:00		17:00	
11.00	Facility hours of operations (1)				
	CLINIC	17:00		17:00	

Health Financial Systems		RIVERSIDE MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA			Provider CCN:14-0186	Period: From 01/01/2019	Worksheet S-8
			Component CCN:14-3976	To 12/31/2019	Date/Time Prepared: 7/23/2020 3:51 pm
			RHC I		Cost
			Friday		Saturday
			from	to	from
			11.00	12.00	13.00
					14.00
			Facility hours of operations (1)		
11.00	CLINIC		08:30	17:00	11.00

Health Financial Systems		RIVERSIDE MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet S-10 Date/Time Prepared: 7/23/2020 3:51 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)			0.197771	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			35,222,628	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			194,452,651	6.00
7.00	Medicaid cost (line 1 times line 6)			38,457,095	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			8,234,467	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, 16 and 17)			8,234,467	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)	15,152,010	3,355,650	18,507,660	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,996,628	3,355,650	6,352,278	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,996,628	3,355,650	6,352,278	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)			11,112,310	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,576,645	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,425,608	27.01
28.00	Non-Medicare bad debt expense (see instructions)			8,686,702	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,566,941	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			8,919,219	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			12,153,686	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0186

Period:

From 01/01/2019

To 12/31/2019

Worksheet A

Date/Time Prepared:

7/23/2020 3:51 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		18,361,200	18,361,200	1,279,286	19,640,486	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		9,285,760	9,285,760	370,483	9,656,243	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	735,055	38,165,870	38,900,925	-1,974,579	36,926,346	4.00
5.01	01160	COMMUNICATIONS	0	0	0	1,963,860	1,963,860	5.01
5.02	00550	DATA PROCESSING	3,979,167	6,017,321	9,996,488	99,866	10,096,354	5.02
5.03	00591	PURCHASING	659,379	1,611,808	2,271,187	-556,355	1,714,832	5.03
5.05	00590	BUSINESS OFFICE	6,407,526	1,065,125	7,472,651	99,968	7,572,619	5.05
5.06	00592	OTHER ADMIN & GENERAL	12,830,466	30,728,591	43,559,057	-566,093	42,992,964	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,705,436	7,484,401	9,189,837	-1,361,754	7,828,083	6.00
7.00	00700	OPERATION OF PLANT	523,793	206,269	730,062	29,526	759,588	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	556,814	145,023	701,837	7,251	709,088	8.00
9.00	00900	HOUSEKEEPING	2,347,831	886,011	3,233,842	28,160	3,262,002	9.00
10.00	01000	DIETARY	1,632,727	2,460,789	4,093,516	-2,921,545	1,171,971	10.00
11.00	01100	CAFETERIA	0	0	0	2,938,585	2,938,585	11.00
13.00	01300	NURSING ADMINISTRATION	2,660,527	36,269	2,696,796	-2,210,501	486,295	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	521,493	552,697	1,074,190	17,788	1,091,978	14.00
15.00	01500	PHARMACY	3,339,008	309,219	3,648,227	-2,788,024	860,203	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,431,451	301,467	1,732,918	31,612	1,764,530	16.00
17.00	01700	SOCIAL SERVICE	2,082,652	91,177	2,173,829	-825,850	1,347,979	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	696,788	0	696,788	0	696,788	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	304,186	1,347,163	1,651,349	18,549	1,669,898	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	160,318	6,070	166,388	4,320	170,708	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,588,324	1,119,430	15,707,754	301,832	16,009,586	30.00
31.00	03100	INTENSIVE CARE UNIT	4,093,211	555,156	4,648,367	94,271	4,742,638	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	1,336,246	37,825	1,374,071	41,791	1,415,862	40.00
41.00	04100	SUBPROVIDER - IRF	2,409,516	990,896	3,400,412	65,382	3,465,794	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	986,496	271,996	1,258,492	63,740	1,322,232	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,263,956	6,283,854	10,547,810	697,747	11,245,557	50.00
51.00	05100	RECOVERY ROOM	1,614,667	99,958	1,714,625	317,603	2,032,228	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,496,098	151,751	1,647,849	73,559	1,721,408	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,930,057	5,034,885	9,964,942	-1,287,210	8,677,732	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	256,340	459,423	715,763	3,470	719,233	54.01
54.02	05404	ULTRASOUND	861,253	106,715	967,968	12,438	980,406	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,809,095	9,846,689	11,655,784	-8,232,612	3,423,172	55.00
57.00	05700	CT SCAN	928,580	295,811	1,224,391	10,390	1,234,781	57.00
58.00	05800	MRI	430,855	127,218	558,073	6,980	565,053	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,718,102	6,300,213	8,018,315	92,905	8,111,220	59.00
60.00	06000	LABORATORY	2,623,751	6,133,091	8,756,842	133,090	8,889,932	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	260,586	104,882	365,468	1,975,303	2,340,771	64.00
65.00	06500	RESPIRATORY THERAPY	1,513,422	576,785	2,090,207	31,871	2,122,078	65.00
66.00	06600	PHYSICAL THERAPY	3,857,810	698,382	4,556,192	98,505	4,654,697	66.00
69.00	06900	ELECTROCARDIOLOGY	1,243,635	535,548	1,779,183	96,272	1,875,455	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	854,288	854,288	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,634,641	12,634,641	0	12,634,641	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	18,080,902	18,080,902	73.00
75.01	03955	RENAL DIALYSIS (IP)	36	820,806	820,842	0	820,842	75.01
76.00	03956	CARDIAC REHAB	371,760	25,909	397,669	19,652	417,321	76.00
76.01	03950	OP PSY/CDU	1,274,745	41,535	1,316,280	34,971	1,351,251	76.01
76.02	03957	RIMMS	1,191,553	366,530	1,558,083	4,267	1,562,350	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	1,260,172	233,911	1,494,083	6,629	1,500,712	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	660,799	411,271	1,072,070	7,010	1,079,080	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	167,743	63,014	230,757	-11,842	218,915	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	4,843,321	903,731	5,747,052	244,616	5,991,668	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	871,284	63,767	935,051	20,115	955,166	92.01
93.00	04951	INFUSION	540,828	7,094,979	7,635,807	-6,608,481	1,027,326	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	1,345,982	121,346	1,467,328	-1,362,742	104,586	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	4,158,944	662,456	4,821,400	177,464	4,998,864	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0186

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

Worksheet A

Date/Time Prepared:
7/23/2020 3:51 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	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	3,671,436	305,188	3,976,624	58,700	4,035,324	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		5,747,347	5,747,347	-1,124,190	4,623,157	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	114,155,220	188,289,169	302,444,389	-1,316,761	301,127,628	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	8,499	5,419	13,918	0	13,918	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	51,032,794	10,161,007	61,193,801	1,316,761	62,510,562	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	165,196,513	198,455,595	363,652,108	0	363,652,108	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0186

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

Worksheet A

Date/Time Prepared:
7/23/2020 3:51 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 CAP REL COSTS-BLDG & FIXT	0	19,640,486	1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	0	9,656,243	2.00
3.00	00300 OTHER CAP REL COSTS	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	-80,604	36,845,742	4.00
5.01	01160 COMMUNICATIONS	0	1,963,860	5.01
5.02	00550 DATA PROCESSING	0	10,096,354	5.02
5.03	00591 PURCHASING	0	1,714,832	5.03
5.05	00590 BUSINESS OFFICE	0	7,572,619	5.05
5.06	00592 OTHER ADMIN & GENERAL	-15,618,337	27,374,627	5.06
6.00	00600 MAINTENANCE & REPAIRS	0	7,828,083	6.00
7.00	00700 OPERATION OF PLANT	0	759,588	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	709,088	8.00
9.00	00900 HOUSEKEEPING	0	3,262,002	9.00
10.00	01000 DIETARY	-1,548	1,170,423	10.00
11.00	01100 CAFETERIA	-1,835,393	1,103,192	11.00
13.00	01300 NURSING ADMINISTRATION	0	486,295	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	1,091,978	14.00
15.00	01500 PHARMACY	0	860,203	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-32,475	1,732,055	16.00
17.00	01700 SOCIAL SERVICE	0	1,347,979	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV	0	696,788	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	-700	1,669,198	22.00
23.00	02301 PARAMED EDUCATION PROGRAM	0	170,708	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-66,698	15,942,888	30.00
31.00	03100 INTENSIVE CARE UNIT	0	4,742,638	31.00
32.00	03200 CORONARY CARE UNIT	0	0	32.00
40.00	04000 SUBPROVIDER - IPF	0	1,415,862	40.00
41.00	04100 SUBPROVIDER - IRF	0	3,465,794	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	1,322,232	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-541,336	10,704,221	50.00
51.00	05100 RECOVERY ROOM	0	2,032,228	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,721,408	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-2,639	8,675,093	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	719,233	54.01
54.02	05404 ULTRASOUND	0	980,406	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	3,423,172	55.00
57.00	05700 CT SCAN	0	1,234,781	57.00
58.00	05800 MRI	0	565,053	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	8,111,220	59.00
60.00	06000 LABORATORY	-83,850	8,806,082	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	2,340,771	64.00
65.00	06500 RESPIRATORY THERAPY	0	2,122,078	65.00
66.00	06600 PHYSICAL THERAPY	0	4,654,697	66.00
69.00	06900 ELECTROCARDIOLOGY	0	1,875,455	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	-1,563	852,725	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	12,634,641	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	-581	18,080,321	73.00
75.01	03955 RENAL DIALYSIS (IP)	0	820,842	75.01
76.00	03956 CARDIAC REHAB	0	417,321	76.00
76.01	03950 OP PSY/CDU	-185,613	1,165,638	76.01
76.02	03957 RIMMS	-531,112	1,031,238	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0	0	76.03
76.04	03952 PAIN CLINIC	0	0	76.04
76.05	03953 DIABETES	0	1,500,712	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	1,079,080	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	-98,275	120,640	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100 EMERGENCY	-36,950	5,954,718	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	955,166	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	1,027,326	92.01
93.00	04951 INFUSION	0	1,027,326	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	-46,882	57,704	93.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	-424,147	4,574,717	95.00
99.10	09910 CORF	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	4,035,324	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0186

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

Worksheet A

Date/Time Prepared:
7/23/2020 3:51 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	-4,623,157	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-24,211,860	276,915,768	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	191.01
191.02	19102	CARE-A-VAN	0	13,918	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	62,510,562	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-24,211,860	339,440,248	200.00

RECLASSIFICATIONS

Provider CCN:14-0186

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

Worksheet A-6

Date/Time Prepared:
7/23/2020 3:51 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
	A - PROFESSIONAL FEES				
1.00	OPERATING ROOM	50.00	0	81,336	1.00
2.00	OPERATING ROOM	50.00	0	460,000	2.00
3.00	LABORATORY	60.00	0	83,850	3.00
4.00	EMERGENCY	91.00	0	36,950	4.00
5.00	INFUSION	93.00	0	13,200	5.00
			0	675,336	
	B - BONUSES AND VACATION ACCRUAL				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	8,902	0	1.00
2.00	DATA PROCESSING	5.02	99,866	0	2.00
3.00	PURCHASING	5.03	19,433	0	3.00
4.00	BUSINESS OFFICE	5.05	99,968	0	4.00
5.00	OTHER ADMIN & GENERAL	5.06	1,152,760	0	5.00
6.00	MAINTENANCE & REPAIRS	6.00	37,136	0	6.00
7.00	OPERATION OF PLANT	7.00	29,526	0	7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	7,251	0	8.00
9.00	HOUSEKEEPING	9.00	28,160	0	9.00
10.00	DIETARY	10.00	17,040	0	10.00
11.00	NURSING ADMINISTRATION	13.00	33,500	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	5,395	0	12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	31,612	0	13.00
14.00	SOCIAL SERVICE	17.00	32,788	0	14.00
15.00	I&R SERVICES-OTHER PRGM COSTS	22.00	18,549	0	15.00
	APPRV				
16.00	PARAMED EDUCATION PROGRAM	23.00	705	0	16.00
17.00	ADULTS & PEDIATRICS	30.00	165,669	0	17.00
18.00	INTENSIVE CARE UNIT	31.00	45,503	0	18.00
19.00	SUBPROVIDER - IPF	40.00	11,348	0	19.00
20.00	SUBPROVIDER - IRF	41.00	29,371	0	20.00
21.00	NURSERY	43.00	15,237	0	21.00
22.00	OPERATING ROOM	50.00	55,080	0	22.00
23.00	RECOVERY ROOM	51.00	26,034	0	23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	70,660	0	24.00
25.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	3,470	0	25.00
26.00	ULTRASOUND	54.02	12,438	0	26.00
27.00	RADIOLOGY-THERAPEUTIC	55.00	35,651	0	27.00
28.00	CT SCAN	57.00	10,390	0	28.00
29.00	MRI	58.00	6,980	0	29.00
30.00	CARDIAC CATHETERIZATION	59.00	17,917	0	30.00
31.00	LABORATORY	60.00	49,240	0	31.00
32.00	INTRAVENOUS THERAPY	64.00	3,269	0	32.00
33.00	RESPIRATORY THERAPY	65.00	18,155	0	33.00
34.00	PHYSICAL THERAPY	66.00	40,848	0	34.00
35.00	ELECTROCARDIOLOGY	69.00	41,992	0	35.00
36.00	DRUGS CHARGED TO PATIENTS	73.00	57,077	0	36.00
37.00	CARDIAC REHAB	76.00	3,426	0	37.00
38.00	OP PSY/CDU	76.01	15,201	0	38.00
39.00	RIMMS	76.02	10,467	0	39.00
40.00	DIABETES	76.05	6,629	0	40.00
41.00	HYPERBARIC OXYGEN THERAPY	76.98	7,228	0	41.00
42.00	RURAL HEALTH CLINIC	88.00	1,291	0	42.00
43.00	EMERGENCY	91.00	49,426	0	43.00
44.00	OBSERVATION BEDS (DISTINCT PART)	92.01	9,734	0	44.00
45.00	INFUSION	93.00	17,451	0	45.00
46.00	COMMUNITY HEALTH CENTERS	93.01	68,686	0	46.00
47.00	AMBULANCE SERVICES	95.00	40,635	0	47.00
48.00	HOME HEALTH AGENCY	101.00	67,597	0	48.00
49.00	PHYSICIANS' PRIVATE OFFICES	192.00	434,917	0	49.00
			3,071,608	0	
	C - CAFETERIA				
1.00	CAFETERIA	11.00	1,172,076	1,766,509	1.00
			1,172,076	1,766,509	
	D - NURSING ADMINISTRATION				
1.00	CENTRAL SERVICES & SUPPLY	14.00	12,393	0	1.00
2.00	PARAMED EDUCATION PROGRAM	23.00	3,615	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	222,903	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	48,768	0	4.00
5.00	SUBPROVIDER - IPF	40.00	30,443	0	5.00
6.00	SUBPROVIDER - IRF	41.00	36,011	0	6.00
7.00	NURSERY	43.00	48,503	0	7.00
8.00	OPERATING ROOM	50.00	101,331	0	8.00
9.00	RECOVERY ROOM	51.00	38,372	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	73,559	0	10.00

		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
11.00	CARDIAC CATHETERIZATION	59.00	74,988	0		11.00
12.00	RESPIRATORY THERAPY	65.00	13,716	0		12.00
13.00	PHYSICAL THERAPY	66.00	57,657	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	54,280	0		14.00
15.00	CARDIAC REHAB	76.00	16,226	0		15.00
16.00	OP PSY/CDU	76.01	19,770	0		16.00
17.00	EMERGENCY	91.00	158,240	0		17.00
18.00	OBSERVATION BEDS (DISTINCT PART)	92.01	10,381	0		18.00
19.00	AMBULANCE SERVICES	95.00	143,028	0		19.00
			1,164,184	0		
E - COST OF GOODS SOLD						
1.00	INTRAVENOUS THERAPY	64.00	0	1,059,983		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	854,288		2.00
3.00	PHARMACY	15.00	0	550,984		3.00
			0	2,465,255		
F - UTILIZATION REVIEW						
1.00	OTHER ADMIN & GENERAL	5.06	858,638	0		1.00
			858,638	0		
G - RECOVERY ROOM						
1.00	RECOVERY ROOM	51.00	253,197	0		1.00
			253,197	0		
H - IV THERAPY						
1.00	INTRAVENOUS THERAPY	64.00	912,051	0		1.00
			912,051	0		
I - INSURANCE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,088,064		1.00
			0	1,088,064		
J - INTEREST						
1.00	OTHER ADMIN & GENERAL	5.06	0	1,124,190		1.00
			0	1,124,190		
K - RADIOLOGY						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	399,210	0		1.00
			399,210	0		
L - ESTABLISH OTHER CRC						
1.00	OTHER CAP REL COSTS	3.00	0	1,649,769		1.00
			0	1,649,769		
N - RX SALARIES						
1.00	DRUGS CHARGED TO PATIENTS	73.00	3,339,008	0		1.00
			3,339,008	0		
O - FLOAT NURSING						
1.00	ADULTS & PEDIATRICS	30.00	1,079,817	0		1.00
			1,079,817	0		
P - CHC DIRECTORS						
1.00	RURAL HEALTH CLINIC	88.00	4,297	739		1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	1,307,208	119,184		2.00
			1,311,505	119,923		
Q - BILLABLE DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	16,285,835		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
			0	16,285,835		
S - UTILITIES						
1.00	MAINTENANCE & REPAIRS	6.00	0	564,970		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
			0	564,970		
T - POSTAGE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	63		1.00
2.00	PURCHASING	5.03	0	288,449		2.00
			0	288,512		
V - COMMUNICATIONS						
1.00	COMMUNICATIONS	5.01	0	1,963,860		1.00
	TOTALS		0	1,963,860		
500.00	Grand Total: Increases		13,561,294	27,992,223		500.00

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - PROFESSIONAL FEES							
1.00	OTHER ADMIN & GENERAL	5.00	0	675,336	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	
	0		0	675,336				
	B - BONUSES AND VACATION ACCRUAL							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,071,608	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	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
8.00		0.00	0	0	0		8.00	
9.00		0.00	0	0	0		9.00	
10.00		0.00	0	0	0		10.00	
11.00		0.00	0	0	0		11.00	
12.00		0.00	0	0	0		12.00	
13.00		0.00	0	0	0		13.00	
14.00		0.00	0	0	0		14.00	
15.00		0.00	0	0	0		15.00	
16.00		0.00	0	0	0		16.00	
17.00		0.00	0	0	0		17.00	
18.00		0.00	0	0	0		18.00	
19.00		0.00	0	0	0		19.00	
20.00		0.00	0	0	0		20.00	
21.00		0.00	0	0	0		21.00	
22.00		0.00	0	0	0		22.00	
23.00		0.00	0	0	0		23.00	
24.00		0.00	0	0	0		24.00	
25.00		0.00	0	0	0		25.00	
26.00		0.00	0	0	0		26.00	
27.00		0.00	0	0	0		27.00	
28.00		0.00	0	0	0		28.00	
29.00		0.00	0	0	0		29.00	
30.00		0.00	0	0	0		30.00	
31.00		0.00	0	0	0		31.00	
32.00		0.00	0	0	0		32.00	
33.00		0.00	0	0	0		33.00	
34.00		0.00	0	0	0		34.00	
35.00		0.00	0	0	0		35.00	
36.00		0.00	0	0	0		36.00	
37.00		0.00	0	0	0		37.00	
38.00		0.00	0	0	0		38.00	
39.00		0.00	0	0	0		39.00	
40.00		0.00	0	0	0		40.00	
41.00		0.00	0	0	0		41.00	
42.00		0.00	0	0	0		42.00	
43.00		0.00	0	0	0		43.00	
44.00		0.00	0	0	0		44.00	
45.00		0.00	0	0	0		45.00	
46.00		0.00	0	0	0		46.00	
47.00		0.00	0	0	0		47.00	
48.00		0.00	0	0	0		48.00	
49.00		0.00	0	0	0		49.00	
	0		0	3,071,608				
	C - CAFETERIA							
1.00	DIETARY	10.00	1,172,076	1,766,509	0		1.00	
	0		1,172,076	1,766,509				
	D - NURSING ADMINISTRATION							
1.00	NURSING ADMINISTRATION	13.00	1,164,184	0	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	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
8.00		0.00	0	0	0		8.00	
9.00		0.00	0	0	0		9.00	
10.00		0.00	0	0	0		10.00	
11.00		0.00	0	0	0		11.00	
12.00		0.00	0	0	0		12.00	

Decreases							Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other					
6.00	7.00	8.00	9.00	10.00				
13.00	0.00	0	0	0	0			13.00
14.00	0.00	0	0	0	0			14.00
15.00	0.00	0	0	0	0			15.00
16.00	0.00	0	0	0	0			16.00
17.00	0.00	0	0	0	0			17.00
18.00	0.00	0	0	0	0			18.00
19.00	0.00	0	0	0	0			19.00
0		1,164,184	0					
E - COST OF GOODS SOLD								
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,601,018	0			1.00
2.00	PURCHASING	5.03	0	864,237	0			2.00
3.00		0.00	0	0	0			3.00
0			0	2,465,255				
F - UTILIZATION REVIEW								
1.00	SOCIAL SERVICE	17.00	858,638	0	0			1.00
0			858,638	0				
G - RECOVERY ROOM								
1.00	ADULTS & PEDIATRICS	30.00	253,197	0	0			1.00
0			253,197	0				
H - IV THERAPY								
1.00	ADULTS & PEDIATRICS	30.00	912,051	0	0			1.00
0			912,051	0				
I - INSURANCE								
1.00	OTHER ADMIN & GENERAL	5.06	0	1,088,064	0			1.00
0			0	1,088,064				
J - INTEREST								
1.00	INTEREST EXPENSE	113.00	0	1,124,190	0			1.00
0			0	1,124,190				
K - RADIOLOGY								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	399,210	0	0			1.00
0			399,210	0				
L - ESTABLISH OTHER CRC								
1.00	OTHER ADMIN & GENERAL	5.06	0	1,649,769	0			1.00
0			0	1,649,769				
N - RX SALARIES								
1.00	PHARMACY	15.00	3,339,008	0	0			1.00
0			3,339,008	0				
O - FLOAT NURSING								
1.00	NURSING ADMINISTRATION	13.00	1,079,817	0	0			1.00
0			1,079,817	0				
P - CHC DIRECTORS								
1.00	COMMUNITY HEALTH CENTERS	93.01	1,311,505	119,923	0			1.00
2.00		0.00	0	0	0			2.00
0			1,311,505	119,923				
Q - BILLABLE DRUGS								
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,449,642	0			1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	8,197,061	0			2.00
3.00	INFUSION	93.00	0	6,639,132	0			3.00
0			0	16,285,835				
S - UTILITIES								
1.00	ADULTS & PEDIATRICS	30.00	0	1,309	0			1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	307,438	0			2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	71,202	0			3.00
5.00	RIMMS	76.02	0	6,200	0			5.00
6.00	HYPERBARIC OXYGEN THERAPY	76.98	0	218	0			6.00
7.00	RURAL HEALTH CLINIC	88.00	0	18,169	0			7.00
8.00	AMBULANCE SERVICES	95.00	0	6,199	0			8.00
9.00	HOME HEALTH AGENCY	101.00	0	8,897	0			9.00
10.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	145,338	0			10.00
0			0	564,970				
T - POSTAGE								
1.00	OTHER ADMIN & GENERAL	5.06	0	288,512	0			1.00
2.00		0.00	0	0	0			2.00
0			0	288,512				
V - COMMUNICATIONS								
1.00	MAINTENANCE & REPAIRS	6.00	0	1,963,860	0			1.00
0			0	1,963,860				
500.00	Grand Total: Decreases		10,489,686	31,063,831				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
7/23/2020 3:51 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	8,016,131	87,241	0	87,241	0	1.00
2.00	Land Improvements	3,654,268	402,755	0	402,755	0	2.00
3.00	Buildings and Fixtures	251,579,051	10,023,713	0	10,023,713	0	3.00
4.00	Building Improvements	72,645,227	8,029,578	0	8,029,578	0	4.00
5.00	Fixed Equipment	1,979,039	0	0	0	0	5.00
6.00	Movable Equipment	96,660,188	6,558,721	0	6,558,721	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	434,533,904	25,102,008	0	25,102,008	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	434,533,904	25,102,008	0	25,102,008	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	8,103,372	0				1.00
2.00	Land Improvements	4,057,023	0				2.00
3.00	Buildings and Fixtures	261,602,764	0				3.00
4.00	Building Improvements	80,674,805	0				4.00
5.00	Fixed Equipment	1,979,039	0				5.00
6.00	Movable Equipment	103,218,909	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	459,635,912	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	459,635,912	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
7/23/2020 3:51 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	18,361,200	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	9,285,760	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	27,646,960	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	18,361,200				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	9,285,760				2.00
3.00	Total (sum of lines 1-2)	0	27,646,960				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
7/23/2020 3:51 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	356,417,003	0	356,417,003	0.775433	451,121	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	103,218,909	0	103,218,909	0.224567	130,645	2.00
3.00	Total (sum of lines 1-2)	459,635,912	0	459,635,912	1.000000	581,766	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	828,165	0	1,279,286	18,361,200	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	239,838	0	370,483	9,285,760	0	2.00
3.00	Total (sum of lines 1-2)	1,068,003	0	1,649,769	27,646,960	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	451,121	828,165	0	19,640,486	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	130,645	239,838	0	9,656,243	2.00
3.00	Total (sum of lines 1-2)	0	581,766	1,068,003	0	29,296,729	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0186

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

Worksheet A-8

Date/Time Prepared:
7/23/2020 3:51 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.
				3.00	4.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	1.00		0 1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	2.00		0 2.00
3.00	Investment income - other (chapter 2)			0	0.00		0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00		0 4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00		0 5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00		0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0	0.00		0 7.00
8.00	Television and radio service (chapter 21)			0	0.00		0 8.00
9.00	Parking lot (chapter 21)			0	0.00		0 9.00
10.00	Provider-based physician adjustment	A-8-2	-1,156,068				0 10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-2,639	RADIOLOGY-DIAGNOSTIC	54.00		0 11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0				0 12.00
13.00	Laundry and linen service		0		0.00		0 13.00
14.00	Cafeteria-employees and guests	B	-1,544,169	CAFETERIA	11.00		0 14.00
15.00	Rental of quarters to employees and others		0		0.00		0 15.00
16.00	Sale of medical and surgical supplies to other than patients	B	-1,563	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		0 16.00
17.00	Sale of drugs to other than patients	B	-581	DRUGS CHARGED TO PATIENTS	73.00		0 17.00
18.00	Sale of medical records and abstracts	B	-32,475	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	-1,548	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	1.00		0 26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0	2.00		0 27.00
28.00	Non-physician Anesthetist			0	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	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00		0 32.00
33.00	FAMILY RESOURCE	B		0	5.06		0 33.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0186

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

Worksheet A-8

Date/Time Prepared:
7/23/2020 3:51 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	
33.01 ACLS REVENUE	B	-5,193	AMBULANCE SERVICES	95.00	0	33.01
33.02 GOURMET COFFEE	B	-291,224	CAFETERIA	11.00	0	33.02
33.03 AMBULANCE REVENUE	B	-418,954	AMBULANCE SERVICES	95.00	0	33.03
33.04 MISCELLANEOUS INCOME	B	-138,686	OTHER ADMIN & GENERAL	5.06	0	33.04
33.05 IHA DUES	A	-41,560	OTHER ADMIN & GENERAL	5.06	0	33.05
33.06 VOCATIONAL TRAINING	A	-66,698	ADULTS & PEDIATRICS	30.00	0	33.06
33.07 VOCATIONAL TRAINING	A	-53,721	OP PSY/CDU	76.01	0	33.07
33.08 VOCATIONAL TRAINING	A	0	OTHER ADMIN & GENERAL	5.06	0	33.08
33.09 NON-ALLOWABLE MARKETING	A	-505,263	OTHER ADMIN & GENERAL	5.06	0	33.09
33.10 NON-ALLOWABLE ADMIN	A	-74,516	OTHER ADMIN & GENERAL	5.06	0	33.10
33.11 CHARITY CARE	A	-68,785	OTHER ADMIN & GENERAL	5.06	0	33.11
33.12 NON-ALLOWABLE INTEREST	A	-4,876,240	INTEREST EXPENSE	113.00	0	33.12
33.13 MEDICAID ASSESSMENT	A	-13,683,568	OTHER ADMIN & GENERAL	5.06	0	33.13
33.14 INTEREST INCOME	B	253,083	INTEREST EXPENSE	113.00	0	33.14
33.15 REAL ESTATE TAX	A	-1,068,003	OTHER ADMIN & GENERAL	5.06	0	33.15
33.16 NON OPERATING INC UNRESTRICT DONOR	B	-4,000	OTHER ADMIN & GENERAL	5.06	0	33.16
33.17 NURSE PRACTITIONER PART B BENEFITS	A	-80,604	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.17
33.18 NURSE PRACTITIONER PART B SALARIES	A	0	ELECTROCARDIOLOGY	69.00	0	33.18
33.19 NURSE PRACTITIONER PART B SALARIES	A	-203,728	RIMMS	76.02	0	33.19
33.20 NURSE PRACTITIONER PART B SALARIES	A	-98,275	RURAL HEALTH CLINIC	88.00	0	33.20
33.21 NURSE PRACTITIONER PART B SALARIES	A	-46,882	COMMUNITY HEALTH CENTERS	93.01	0	33.21
33.22 NURSE PRACTITIONER PART B SALARIES	A	0	RADIOLOGY-DIAGNOSTIC	54.00	0	33.22
33.23 EMT REVENUE	B	0	AMBULANCE SERVICES	95.00	0	33.23
33.24 WOMEN'S CENTER	B	0	DELIVERY ROOM & LABOR ROOM	52.00	0	33.24
33.25 FINANCE RECLASS	B	0	OTHER ADMIN & GENERAL	5.06	0	33.25
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-24,211,860				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN:14-0186

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

Worksheet A-8-2

Date/Time Prepared:
7/23/2020 3:51 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	50.00	OPERATING ROOM	81,336	81,336	0	246,400	0	1.00
2.00	50.00	OPERATING ROOM	460,000	460,000	0	239,400	0	2.00
3.00	60.00	LABORATORY	83,850	83,850	0	197,500	0	3.00
4.00	76.01	OP PSY/CDU	131,892	131,892	0	197,500	0	4.00
5.00	76.02	RIMMS	327,384	327,384	0	197,500	0	5.00
6.00	91.00	EMERGENCY	36,950	36,950	0	197,500	0	6.00
7.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	700	700	0	197,500	0	7.00
8.00	5.06	OTHER ADMIN & GENERAL	33,956	33,956	0	197,500	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,156,068	1,156,068	0		0	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	50.00	OPERATING ROOM	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	60.00	LABORATORY	0	0	0	0	0	3.00
4.00	76.01	OP PSY/CDU	0	0	0	0	0	4.00
5.00	76.02	RIMMS	0	0	0	0	0	5.00
6.00	91.00	EMERGENCY	0	0	0	0	0	6.00
7.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	7.00
8.00	5.06	OTHER ADMIN & GENERAL	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	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	50.00	OPERATING ROOM	0	0	0	81,336		1.00
2.00	50.00	OPERATING ROOM	0	0	0	460,000		2.00
3.00	60.00	LABORATORY	0	0	0	83,850		3.00
4.00	76.01	OP PSY/CDU	0	0	0	131,892		4.00
5.00	76.02	RIMMS	0	0	0	327,384		5.00
6.00	91.00	EMERGENCY	0	0	0	36,950		6.00
7.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	700		7.00
8.00	5.06	OTHER ADMIN & GENERAL	0	0	0	33,956		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	1,156,068		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/23/2020 3:51 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	19,640,486	19,640,486			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	9,656,243		9,656,243		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	36,845,742	90,131	5,160	36,941,033	4.00
5.01	01160	COMMUNICATIONS	1,963,860	5,373	0	0	5.01
5.02	00550	DATA PROCESSING	10,096,354	291,789	1,972,897	1,378,280	5.02
5.03	00591	PURCHASING	1,714,832	598,226	274,761	238,262	5.03
5.05	00590	BUSINESS OFFICE	7,572,619	345,298	31,036	2,001,712	5.05
5.06	00592	OTHER ADMIN & GENERAL	27,374,627	1,628,426	98,046	2,769,004	5.06
6.00	00600	MAINTENANCE & REPAIRS	7,828,083	470,962	604,658	602,248	6.00
7.00	00700	OPERATION OF PLANT	759,588	4,233,830	586,524	265,285	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	709,088	127,648	15,172	205,884	8.00
9.00	00900	HOUSEKEEPING	3,262,002	77,657	55,047	921,556	9.00
10.00	01000	DIETARY	1,170,423	326,747	40,436	126,196	10.00
11.00	01100	CAFETERIA	1,103,192	298,985	0	320,665	11.00
13.00	01300	NURSING ADMINISTRATION	486,295	0	90,853	63,249	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,091,978	203,801	53,563	166,381	14.00
15.00	01500	PHARMACY	860,203	75,674	316,037	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,732,055	181,508	3,426	439,948	16.00
17.00	01700	SOCIAL SERVICE	1,347,979	16,983	7,090	328,583	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	696,788	0	2,644	6,872	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,669,198	8,316	0	221,137	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	170,708	11,130	643	62,621	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,942,888	2,039,770	138,492	3,740,213	30.00
31.00	03100	INTENSIVE CARE UNIT	4,742,638	291,917	122,805	1,141,323	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	1,415,862	0	16,654	338,796	40.00
41.00	04100	SUBPROVIDER - IRF	3,465,794	255,839	17,303	630,630	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	1,322,232	55,332	22,736	253,455	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,704,221	514,972	1,285,298	1,184,713	50.00
51.00	05100	RECOVERY ROOM	2,032,228	132,541	27,442	452,264	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,721,408	168,331	46,254	411,789	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,675,093	318,687	636,205	1,197,030	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	719,233	15,672	21,836	46,923	54.01
54.02	05404	ULTRASOUND	980,406	14,457	171,629	192,503	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	3,423,172	0	677,139	454,127	55.00
57.00	05700	CT SCAN	1,234,781	18,391	425,693	198,234	57.00
58.00	05800	MRI	565,053	38,125	55,088	103,050	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,111,220	111,144	399,608	482,863	59.00
60.00	06000	LABORATORY	8,806,082	208,247	256,563	759,198	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	2,340,771	0	7,136	282,241	64.00
65.00	06500	RESPIRATORY THERAPY	2,122,078	40,044	132,858	419,995	65.00
66.00	06600	PHYSICAL THERAPY	4,654,697	586,072	39,996	963,797	66.00
69.00	06900	ELECTROCARDIOLOGY	1,875,455	88,979	190,584	340,255	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	852,725	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,634,641	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,080,321	0	0	734,459	73.00
75.01	03955	RENAL DIALYSIS (IP)	820,842	0	0	8	75.01
76.00	03956	CARDIAC REHAB	417,321	58,594	25,554	105,969	76.00
76.01	03950	OP PSY/CDU	1,165,638	375,171	2,524	322,566	76.01
76.02	03957	RIMMS	1,031,238	126,368	15,254	285,470	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	76.04
76.05	03953	DIABETES	1,500,712	15,800	261	152,763	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,079,080	48,232	9,734	125,740	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	120,640	185,922	962	47,507	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00	09100	EMERGENCY	5,954,718	277,780	137,681	1,216,237	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	955,166	152,083	3,359	203,628	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04951	INFUSION	1,027,326	0	11,373	139,708	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	57,704	945,731	10,118	16,347	93.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/23/2020 3:51 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	4,574,717	193,950	298,813	1,159,361	6,855	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	4,035,324	91,090	9,249	896,135	32,563	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	276,915,768	16,361,725	9,374,194	29,117,180	1,797,846	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	41,067	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	13,918	0	0	1,164	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	62,510,562	2,062,415	281,856	7,822,689	82,266	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	1,175,279	193	0	89,121	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	339,440,248	19,640,486	9,656,243	36,941,033	1,969,233	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/23/2020 3:51 pm

Cost Center Description		DATA PROCESSING	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMIN & GENERAL	
		5.02	5.03	5.05	5A.05	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING	13,876,429				5.02
5.03	00591	PURCHASING	220,962	3,072,751			5.03
5.05	00590	BUSINESS OFFICE	2,135,968	2,571	12,168,042		5.05
5.06	00592	OTHER ADMIN & GENERAL	2,165,429	5,250	0	34,448,686	5.06
6.00	00600	MAINTENANCE & REPAIRS	309,347	19,271	0	9,901,410	6.00
7.00	00700	OPERATION OF PLANT	250,424	427	0	6,125,214	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	18,941	0	1,078,447	8.00
9.00	00900	HOUSEKEEPING	88,385	25,166	0	4,443,524	9.00
10.00	01000	DIETARY	147,308	18,185	0	1,853,289	10.00
11.00	01100	CAFETERIA	0	0	0	1,722,842	11.00
13.00	01300	NURSING ADMINISTRATION	162,039	197	0	830,055	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	73,654	21,183	0	1,617,415	14.00
15.00	01500	PHARMACY	279,886	55,142	0	1,604,081	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	427,194	303	0	2,871,841	16.00
17.00	01700	SOCIAL SERVICE	309,347	278	0	2,025,685	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	706,304	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	569	0	1,900,934	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	39	0	245,141	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,428,889	59,713	610,482	24,241,521	30.00
31.00	03100	INTENSIVE CARE UNIT	250,424	36,899	295,364	6,913,933	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	1,337	34,546	1,807,195	40.00
41.00	04100	SUBPROVIDER - IRF	220,962	9,705	72,993	4,697,220	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	44,192	6,532	23,200	1,734,534	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	368,270	952,161	1,410,778	16,468,401	50.00
51.00	05100	RECOVERY ROOM	206,231	6,466	137,289	3,030,452	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	58,923	10,356	20,027	2,447,371	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	338,809	148,992	1,181,318	12,523,556	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	14,731	34,325	91,696	947,844	54.01
54.02	05404	ULTRASOUND	88,385	7,045	173,935	1,635,215	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	162,039	25,947	824,526	5,594,372	55.00
57.00	05700	CT SCAN	117,847	19,693	984,691	3,009,613	57.00
58.00	05800	MRI	132,577	8,149	227,139	1,139,464	58.00
59.00	05900	CARDIAC CATHETERIZATION	29,462	811,290	863,862	10,818,018	59.00
60.00	06000	LABORATORY	913,311	469,493	1,445,730	12,915,182	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	44,192	8,063	8,095	2,693,926	64.00
65.00	06500	RESPIRATORY THERAPY	117,847	30,949	215,329	3,091,097	65.00
66.00	06600	PHYSICAL THERAPY	913,311	15,793	358,338	7,581,706	66.00
69.00	06900	ELECTROCARDIOLOGY	176,770	26,302	306,820	3,032,587	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	125,914	978,639	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	313,564	12,948,205	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	563,134	19,377,914	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	47	13,364	834,261	75.01
76.00	03956	CARDIAC REHAB	103,116	971	18,424	736,804	76.00
76.01	03950	OP PSY/CDU	176,770	538	47,994	2,091,201	76.01
76.02	03957	RIMMS	0	11,468	16,632	1,506,996	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	76.04
76.05	03953	DIABETES	73,654	2,271	25,377	1,777,693	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	44,620	69,809	1,377,215	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	308	2,801	364,995	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00	09100	EMERGENCY	368,270	57,386	872,806	8,975,713	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	3,770	4,487	1,322,493	92.01
93.00	04951	INFUSION	0	34,071	576,211	1,788,689	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	131	82,363	1,115,822	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	103,116	4,967	99,187	6,440,966	95.00
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	515,579	9,963	49,817	5,639,720	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DATA PROCESSING	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMIN & GENERAL	
			5.02	5.03	5.05	5A.05	5.06	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,537,620	3,027,243	12,168,042	264,975,401	26,037,993	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	41,067	4,639	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	15,082	1,704	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	45,508	0	72,805,296	8,223,246	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	338,809	0	0	1,603,402	181,104	193.00
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)	13,876,429	3,072,751	12,168,042	339,440,248	34,448,686	202.00

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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00591	PURCHASING					5.03
5.05	00590	BUSINESS OFFICE					5.05
5.06	00592	OTHER ADMIN & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	11,019,774				6.00
7.00	00700	OPERATION OF PLANT	0	6,817,057			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,200,258		8.00
9.00	00900	HOUSEKEEPING	1,672	62,242	0	5,009,334	9.00
10.00	01000	DIETARY	0	261,890	7,498	222,718	10.00
11.00	01100	CAFETERIA	0	239,638	0	203,795	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,343	163,348	56,712	138,916	14.00
15.00	01500	PHARMACY	0	60,653	0	51,581	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	145,480	0	123,720	16.00
17.00	01700	SOCIAL SERVICE	0	13,612	0	11,576	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	6,665	0	5,668	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	8,921	0	7,587	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	700,438	1,634,890	546,668	1,390,357	30.00
31.00	03100	INTENSIVE CARE UNIT	417,922	233,973	79,266	198,977	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	21,732	0	65,990	0	40.00
41.00	04100	SUBPROVIDER - IRF	86,928	205,056	81,633	174,386	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	140,422	44,349	0	37,716	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,952,532	412,753	54,859	351,017	50.00
51.00	05100	RECOVERY ROOM	192,244	106,233	47,370	90,343	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	225,678	134,918	0	114,738	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	962,893	191,624	71,664	162,962	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	76,898	12,561	0	10,682	54.01
54.02	05404	ULTRASOUND	218,991	11,587	0	9,854	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	122,033	0	0	0	55.00
57.00	05700	CT SCAN	50,151	14,740	0	12,536	57.00
58.00	05800	MRI	33,434	30,557	0	25,987	58.00
59.00	05900	CARDIAC CATHETERIZATION	596,793	89,083	18,881	75,758	59.00
60.00	06000	LABORATORY	354,398	172,551	0	146,742	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	1,760,289	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	469,745	32,095	3,219	27,295	65.00
66.00	06600	PHYSICAL THERAPY	155,467	469,741	22,386	399,481	66.00
69.00	06900	ELECTROCARDIOLOGY	412,907	71,317	6,729	60,650	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	28,419	0	0	0	75.01
76.00	03956	CARDIAC REHAB	162,154	46,964	0	39,939	76.00
76.01	03950	OP PSY/CDU	10,030	300,702	0	255,725	76.01
76.02	03957	RIMMS	35,105	101,285	2,159	86,136	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	76.04
76.05	03953	DIABETES	3,343	12,664	0	10,770	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	11,702	38,658	1,232	32,876	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	18,389	149,018	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00	09100	EMERGENCY	631,898	222,642	93,952	189,341	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	86,928	121,896	0	103,663	92.01
93.00	04951	INFUSION	187,229	0	5,788	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	147,109	155,452	7,015	132,201	95.00
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	73,009	0	62,089	101.00

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			6.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,279,216	6,052,767	1,173,021	4,967,782	2,554,724	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	32,916	0	27,992	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	740,558	715,429	27,237	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	15,945	0	13,560	0	193.00
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)	11,019,774	6,817,057	1,200,258	5,009,334	2,554,724	202.00

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING						5.03
5.05	00590	BUSINESS OFFICE						5.05
5.06	00592	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	4,201,599					11.00
13.00	01300	NURSING ADMINISTRATION	68,154	991,964				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	56,691	16,029	2,235,141			14.00
15.00	01500	PHARMACY	145,246	0	0	2,042,742		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,465,415	16.00
17.00	01700	SOCIAL SERVICE	107,726	0	0	0	0	17.00
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	61,127	17,283	0	0	0	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	18,177	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	873,883	248,978	0	0	173,867	30.00
31.00	03100	INTENSIVE CARE UNIT	240,364	67,960	0	0	84,121	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	88,677	25,072	0	0	9,839	40.00
41.00	04100	SUBPROVIDER - IRF	170,145	48,106	0	0	20,789	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	44,683	12,634	0	0	6,607	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	239,118	67,608	0	0	401,795	50.00
51.00	05100	RECOVERY ROOM	113,647	32,132	0	0	39,100	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	92,331	26,105	0	0	5,704	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	152,191	0	0	0	336,443	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	10,704	0	0	0	26,115	54.01
54.02	05404	ULTRASOUND	40,413	0	0	0	49,537	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	57,647	0	0	0	234,828	55.00
57.00	05700	CT SCAN	63,079	0	0	0	280,443	57.00
58.00	05800	MRI	24,240	0	0	0	64,690	58.00
59.00	05900	CARDIAC CATHETERIZATION	101,029	28,565	0	0	246,031	59.00
60.00	06000	LABORATORY	177,300	0	0	0	411,664	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	106,800	30,197	0	0	2,306	64.00
65.00	06500	RESPIRATORY THERAPY	78,427	22,174	0	0	61,326	65.00
66.00	06600	PHYSICAL THERAPY	99,664	61,956	0	0	102,056	66.00
69.00	06900	ELECTROCARDIOLOGY	82,975	23,460	0	0	87,384	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	2,235,141	0	35,861	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	89,304	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,042,742	160,382	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	3,806	75.01
76.00	03956	CARDIAC REHAB	25,762	7,284	0	0	5,247	76.00
76.01	03950	OP PSY/CDU	23,215	22,079	0	0	13,669	76.01
76.02	03957	RIMMS	0	0	0	0	4,737	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	0	7,227	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	9,441	0	0	0	19,882	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	798	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	316,063	90,657	0	0	248,578	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	49,390	13,964	0	0	1,278	92.01
93.00	04951	INFUSION	28,439	0	0	0	164,107	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	23,457	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	77,245	0	0	28,249	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	14,188	101.00

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,766,748	939,488	2,235,141	2,042,742	3,465,415
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	434,851	52,476	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,201,599	991,964	2,235,141	2,042,742	3,465,415

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Cost Center Description		SOCIAL SERVICES	INTERNS & RESIDENTS		PARAMED EDUCATION PROGRAM	Subtotal	
			SERVICES-SALARIES & FRINGES	SERVICES-OTHER			
			APPRV	PRGM COSTS APPRV			
		17.00	21.00	22.00	23.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00591	PURCHASING					5.03
5.05	00590	BUSINESS OFFICE					5.05
5.06	00592	OTHER ADMIN & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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	2,387,400				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	786,081			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		2,206,387		22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0			307,515	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,419,704	372,205	1,044,710	279,735	30.00
31.00	03100	INTENSIVE CARE UNIT	94,397	49,926	140,133	27,780	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	820,107	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	43,203	26,695	74,929	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	20,887	58,627	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	12,431	34,890	0	54.01
54.02	05404	ULTRASOUND	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	14,366	40,324	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	68,062	191,039	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	24,759	69,495	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	75.01
76.00	03956	CARDIAC REHAB	0	0	0	0	76.00
76.01	03950	OP PSY/CDU	0	0	0	0	76.01
76.02	03957	RIMMS	0	0	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00	09100	EMERGENCY	0	14,265	40,038	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04951	INFUSION	0	0	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
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Cost Center Description			SOCIAL SERVICES	INTERNS & RESIDENTS		PARAMED EDUCATION PROGRAM	Subtotal	
				SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
				17.00	21.00			
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	6,426,012	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,377,411	603,596	1,694,185	307,515	253,799,068	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	106,614	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	16,786	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	182,485	512,202	0	83,693,780	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	9,989	0	0	0	1,824,000	193.00
200.00		Cross Foot Adjustments		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)	2,387,400	786,081	2,206,387	307,515	339,440,248	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00591	PURCHASING		5.03
5.05	00590	BUSINESS OFFICE		5.05
5.06	00592	OTHER ADMIN & GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02301	PARAMED EDUCATION PROGRAM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-1,416,915	30.00
31.00	03100	INTENSIVE CARE UNIT	-190,059	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-101,624	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-79,514	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	-47,321	54.01
54.02	05404	ULTRASOUND	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-54,690	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-259,101	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
69.00	06900	ELECTROCARDIOLOGY	-94,254	69.00
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
75.01	03955	RENAL DIALYSIS (IP)	0	75.01
76.00	03956	CARDIAC REHAB	0	76.00
76.01	03950	OP PSY/CDU	0	76.01
76.02	03957	RIMMS	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	76.03
76.04	03952	PAIN CLINIC	0	76.04
76.05	03953	DIABETES	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
91.00	09100	EMERGENCY	-54,303	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	92.01
93.00	04951	INFUSION	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	93.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
99.10	09910	CORF	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
101.00	10100	HOME HEALTH AGENCY	0	6,426,012	101.00
		SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-2,297,781	251,501,287	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	106,614	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	191.01
191.02	19102	CARE-A-VAN	0	16,786	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-694,687	82,999,093	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	192.02
193.00	19300	NONPAID WORKERS	0	1,824,000	193.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	-2,992,468	336,447,780	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	90,131	5,160	95,291	4.00
5.01	01160	COMMUNICATIONS	0	5,373	0	5,373	5.01
5.02	00550	DATA PROCESSING	0	291,789	1,972,897	2,264,686	5.02
5.03	00591	PURCHASING	0	598,226	274,761	872,987	5.03
5.05	00590	BUSINESS OFFICE	0	345,298	31,036	376,334	5.05
5.06	00592	OTHER ADMIN & GENERAL	0	1,628,426	98,046	1,726,472	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	470,962	604,658	1,075,620	6.00
7.00	00700	OPERATION OF PLANT	0	4,233,830	586,524	4,820,354	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	127,648	15,172	142,820	8.00
9.00	00900	HOUSEKEEPING	0	77,657	55,047	132,704	9.00
10.00	01000	DIETARY	0	326,747	40,436	367,183	10.00
11.00	01100	CAFETERIA	0	298,985	0	298,985	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	90,853	90,853	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	203,801	53,563	257,364	14.00
15.00	01500	PHARMACY	0	75,674	316,037	391,711	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	181,508	3,426	184,934	16.00
17.00	01700	SOCIAL SERVICE	0	16,983	7,090	24,073	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	2,644	2,644	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	8,316	0	8,316	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	11,130	643	11,773	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	2,039,770	138,492	2,178,262	30.00
31.00	03100	INTENSIVE CARE UNIT	0	291,917	122,805	414,722	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	16,654	16,654	40.00
41.00	04100	SUBPROVIDER - IRF	0	255,839	17,303	273,142	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	55,332	22,736	78,068	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	514,972	1,285,298	1,800,270	50.00
51.00	05100	RECOVERY ROOM	0	132,541	27,442	159,983	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	168,331	46,254	214,585	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	318,687	636,205	954,892	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	15,672	21,836	37,508	54.01
54.02	05404	ULTRASOUND	0	14,457	171,629	186,086	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	677,139	677,139	55.00
57.00	05700	CT SCAN	0	18,391	425,693	444,084	57.00
58.00	05800	MRI	0	38,125	55,088	93,213	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	111,144	399,608	510,752	59.00
60.00	06000	LABORATORY	0	208,247	256,563	464,810	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	7,136	7,136	64.00
65.00	06500	RESPIRATORY THERAPY	0	40,044	132,858	172,902	65.00
66.00	06600	PHYSICAL THERAPY	0	586,072	39,996	626,068	66.00
69.00	06900	ELECTROCARDIOLOGY	0	88,979	190,584	279,563	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	75.01
76.00	03956	CARDIAC REHAB	0	58,594	25,554	84,148	76.00
76.01	03950	OP PSY/CDU	0	375,171	2,524	377,695	76.01
76.02	03957	RIMMS	0	126,368	15,254	141,622	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	76.04
76.05	03953	DIABETES	0	15,800	261	16,061	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	48,232	9,734	57,966	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	185,922	962	186,884	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00	09100	EMERGENCY	0	277,780	137,681	415,461	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	152,083	3,359	155,442	92.01
93.00	04951	INFUSION	0	0	11,373	11,373	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	945,731	10,118	955,849	93.01

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			
				1.00	2.00			
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	193,950	298,813	492,763	2,990	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	91,090	9,249	100,339	2,311	101.00
	SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	16,361,725	9,374,194	25,735,919	75,098	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	41,067	0	41,067	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,062,415	281,856	2,344,271	20,190	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	1,175,279	193	1,175,472	0	193.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	19,640,486	9,656,243	29,296,729	95,291	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0186

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Cost Center Description		COMMUNICATIONS	DATA PROCESSING	PURCHASING	BUSINESS OFFICE	OTHER ADMIN & GENERAL	
		5.01	5.02	5.03	5.05	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01100	COMMUNICATIONS	5,373				5.01
5.02	00550	DATA PROCESSING	374	2,268,615			5.02
5.03	00591	PURCHASING	70	36,124	909,796		5.03
5.05	00590	BUSINESS OFFICE	215	349,203	761	731,676	5.05
5.06	00592	OTHER ADMIN & GENERAL	1,114	354,022	1,555	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	182	50,574	5,706	0	6.00
7.00	00700	OPERATION OF PLANT	79	40,941	127	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5	0	5,608	0	8.00
9.00	00900	HOUSEKEEPING	37	14,450	7,451	0	9.00
10.00	01000	DIETARY	65	24,083	5,384	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	75	26,491	58	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19	12,041	6,272	0	14.00
15.00	01500	PHARMACY	47	45,758	16,327	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	238	69,841	90	0	16.00
17.00	01700	SOCIAL SERVICE	42	50,574	82	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5	0	169	0	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	0	12	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	767	233,605	17,680	36,688	30.00
31.00	03100	INTENSIVE CARE UNIT	89	40,941	10,925	17,750	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	396	2,076	40.00
41.00	04100	SUBPROVIDER - IRF	65	36,124	2,873	4,387	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	19	7,225	1,934	1,394	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	131	60,207	281,921	84,782	50.00
51.00	05100	RECOVERY ROOM	98	33,716	1,915	8,251	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28	9,633	3,066	1,204	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	75	55,391	44,114	70,993	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	9	2,408	10,163	5,511	54.01
54.02	05404	ULTRASOUND	19	14,450	2,086	10,453	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	75	26,491	7,682	49,551	55.00
57.00	05700	CT SCAN	28	19,266	5,831	59,176	57.00
58.00	05800	MRI	28	21,675	2,413	13,650	58.00
59.00	05900	CARDIAC CATHETERIZATION	23	4,817	240,211	51,915	59.00
60.00	06000	LABORATORY	154	149,314	139,010	87,304	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	9	7,225	2,387	487	64.00
65.00	06500	RESPIRATORY THERAPY	33	19,266	9,164	12,940	65.00
66.00	06600	PHYSICAL THERAPY	136	149,314	4,676	21,535	66.00
69.00	06900	ELECTROCARDIOLOGY	75	28,900	7,788	18,439	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,567	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,844	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	33,842	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	14	803	75.01
76.00	03956	CARDIAC REHAB	19	16,858	287	1,107	76.00
76.01	03950	OP PSY/CDU	0	28,900	159	2,884	76.01
76.02	03957	RIMMS	56	0	3,395	1,000	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	76.04
76.05	03953	DIABETES	19	12,041	673	1,525	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	13,211	4,195	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	19	0	91	168	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00	09100	EMERGENCY	248	60,207	16,991	52,452	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	1,116	270	92.01
93.00	04951	INFUSION	0	0	10,088	34,628	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	9	0	39	4,950	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	19	16,858	1,471	5,961	95.00
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	89	84,290	2,950	2,994	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
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Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING	BUSINESS OFFICE	OTHER ADMIN & GENERAL	
			5.01	5.02	5.03	5.05	5.06	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,906	2,213,224	896,322	731,676	1,580,029	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	281	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	103	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	224	0	13,474	0	498,902	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	243	55,391	0	0	10,990	193.00
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)	5,373	2,268,615	909,796	731,676	2,090,305	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0186

Period:
From 01/01/2019
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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00591	PURCHASING					5.03
5.05	00590	BUSINESS OFFICE					5.05
5.06	00592	OTHER ADMIN & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	1,201,499				6.00
7.00	00700	OPERATION OF PLANT	0	4,904,167			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	156,356		8.00
9.00	00900	HOUSEKEEPING	182	44,777	0	232,434	9.00
10.00	01000	DIETARY	0	188,403	977	10,334	609,456 10.00
11.00	01100	CAFETERIA	0	172,395	0	9,456	439,125 11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	365	117,512	7,388	6,446	0 14.00
15.00	01500	PHARMACY	0	43,634	0	2,393	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	104,658	0	5,741	0 16.00
17.00	01700	SOCIAL SERVICE	0	9,793	0	537	0 17.00
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	4,795	0	263	0 22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	6,418	0	352	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	76,370	1,176,131	71,213	64,513	117,738 30.00
31.00	03100	INTENSIVE CARE UNIT	45,567	168,319	10,326	9,233	30,486 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00	04000	SUBPROVIDER - IPF	2,369	0	8,596	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	9,478	147,517	10,634	8,092	20,908 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	15,310	31,905	0	1,750	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	212,885	296,933	7,146	16,287	0 50.00
51.00	05100	RECOVERY ROOM	20,961	76,423	6,171	4,192	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,606	97,060	0	5,324	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	104,985	137,853	9,336	7,561	0 54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	8,384	9,037	0	496	0 54.01
54.02	05404	ULTRASOUND	23,877	8,336	0	457	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	13,305	0	0	0	0 55.00
57.00	05700	CT SCAN	5,468	10,604	0	582	0 57.00
58.00	05800	MRI	3,645	21,983	0	1,206	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	65,069	64,086	2,460	3,515	0 59.00
60.00	06000	LABORATORY	38,640	124,133	0	6,809	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
64.00	06400	INTRAVENOUS THERAPY	191,926	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	51,217	23,089	419	1,266	0 65.00
66.00	06600	PHYSICAL THERAPY	16,951	337,930	2,916	18,536	0 66.00
69.00	06900	ELECTROCARDIOLOGY	45,020	51,305	877	2,814	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
75.01	03955	RENAL DIALYSIS (IP)	3,099	0	0	0	0 75.01
76.00	03956	CARDIAC REHAB	17,680	33,786	0	1,853	0 76.00
76.01	03950	OP PSY/CDU	1,094	216,324	0	11,866	0 76.01
76.02	03957	RIMMS	3,828	72,864	281	3,997	0 76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0 76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0 76.04
76.05	03953	DIABETES	365	9,110	0	500	0 76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,276	27,810	161	1,525	0 76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	2,005	107,203	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
91.00	09100	EMERGENCY	68,897	160,168	12,239	8,785	1,199 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	9,478	87,691	0	4,810	0 92.01
93.00	04951	INFUSION	20,414	0	754	0	0 93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	0 93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	16,039	111,832	914	6,134	0 95.00
99.10	09910	CORF	0	0	0	0	0 99.10
101.00	10100	HOME HEALTH AGENCY	0	52,523	0	2,881	0 101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0186

Period:
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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,120,755	4,354,340	152,808	230,506	609,456	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,679	0	1,299	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	80,744	514,677	3,548	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	11,471	0	629	0	193.00
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)	1,201,499	4,904,167	156,356	232,434	609,456	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING						5.03
5.05	00590	BUSINESS OFFICE						5.05
5.06	00592	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	932,596					11.00
13.00	01300	NURSING ADMINISTRATION	15,128	138,457				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,583	2,237	433,742			14.00
15.00	01500	PHARMACY	32,239	0	0	543,103		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	386,321	16.00
17.00	01700	SOCIAL SERVICE	23,911	0	0	0	0	17.00
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	13,568	2,412	0	0	0	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	4,035	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	193,969	34,749	0	0	19,397	30.00
31.00	03100	INTENSIVE CARE UNIT	53,352	9,486	0	0	9,384	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	19,683	3,500	0	0	1,098	40.00
41.00	04100	SUBPROVIDER - IRF	37,766	6,715	0	0	2,319	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	9,918	1,763	0	0	737	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,075	9,437	0	0	44,824	50.00
51.00	05100	RECOVERY ROOM	25,225	4,485	0	0	4,362	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,494	3,644	0	0	636	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,781	0	0	0	37,534	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	2,376	0	0	0	2,913	54.01
54.02	05404	ULTRASOUND	8,970	0	0	0	5,526	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	12,795	0	0	0	26,197	55.00
57.00	05700	CT SCAN	14,001	0	0	0	31,286	57.00
58.00	05800	MRI	5,380	0	0	0	7,217	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,425	3,987	0	0	27,447	59.00
60.00	06000	LABORATORY	39,354	0	0	0	45,647	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	23,706	4,215	0	0	257	64.00
65.00	06500	RESPIRATORY THERAPY	17,408	3,095	0	0	6,842	65.00
66.00	06600	PHYSICAL THERAPY	22,122	8,648	0	0	11,385	66.00
69.00	06900	ELECTROCARDIOLOGY	18,417	3,275	0	0	9,748	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	433,742	0	4,001	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	9,963	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	543,103	17,892	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	425	75.01
76.00	03956	CARDIAC REHAB	5,718	1,017	0	0	585	76.00
76.01	03950	OP PSY/CDU	5,153	3,082	0	0	1,525	76.01
76.02	03957	RIMMS	0	0	0	0	528	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	0	806	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,095	0	0	0	2,218	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	89	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	70,154	12,654	0	0	27,731	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	10,963	1,949	0	0	143	92.01
93.00	04951	INFUSION	6,312	0	0	0	18,308	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	2,617	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	10,782	0	0	3,151	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	1,583	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/23/2020 3:51 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	836,076	131,132	433,742	543,103	386,321
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	96,520	7,325	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	932,596	138,457	433,742	543,103	386,321

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		SOCIAL SERVICES	INTERNS & RESIDENTS		PARAMED EDUCATION PROGRAM	Subtotal	
			SERVICES-SALARIES & FRINGES	SERVICES-OTHER			
			APPRV	PRGM COSTS APPRV			
		17.00	21.00	22.00	23.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00591	PURCHASING					5.03
5.05	00590	BUSINESS OFFICE					5.05
5.06	00592	OTHER ADMIN & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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	123,743				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	7,503			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		43,127		22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0			24,432	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	73,585			4,470,465	30.00
31.00	03100	INTENSIVE CARE UNIT	4,893			875,805	31.00
32.00	03200	CORONARY CARE UNIT	0			0	32.00
40.00	04000	SUBPROVIDER - IPF	0			67,633	40.00
41.00	04100	SUBPROVIDER - IRF	42,508			636,350	41.00
42.00	04200	SUBPROVIDER	0			0	42.00
43.00	04300	NURSERY	0			162,565	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,239			2,986,067	50.00
51.00	05100	RECOVERY ROOM	0			367,719	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			398,116	52.00
53.00	05300	ANESTHESIOLOGY	0			0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			1,545,438	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0			85,423	54.01
54.02	05404	ULTRASOUND	0			271,965	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0			852,750	55.00
57.00	05700	CT SCAN	0			611,465	57.00
58.00	05800	MRI	0			178,486	58.00
59.00	05900	CARDIAC CATHETERIZATION	0			1,072,099	59.00
60.00	06000	LABORATORY	0			1,185,654	60.00
60.01	06001	BLOOD LABORATORY	0			0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0			0	62.00
64.00	06400	INTRAVENOUS THERAPY	0			256,540	64.00
65.00	06500	RESPIRATORY THERAPY	0			339,910	65.00
66.00	06600	PHYSICAL THERAPY	0			1,274,668	66.00
69.00	06900	ELECTROCARDIOLOGY	0			487,884	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0			452,018	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			117,554	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			729,547	73.00
75.01	03955	RENAL DIALYSIS (IP)	0			10,059	75.01
76.00	03956	CARDIAC REHAB	0			168,381	76.00
76.01	03950	OP PSY/CDU	0			663,847	76.01
76.02	03957	RIMMS	0			238,636	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0			0	76.03
76.04	03952	PAIN CLINIC	0			0	76.04
76.05	03953	DIABETES	0			53,678	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0			120,220	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0			299,084	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0			0	89.00
91.00	09100	EMERGENCY	0			971,843	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0			281,451	92.01
93.00	04951	INFUSION	0			114,497	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0			971,154	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0			713,060	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS				Subtotal	
			SOCIAL SERVICES	SERVICES-SALAR	SERVICES-OTHER	PARAMED EDUCATION PROGRAM		
				Y & FRINGES APPRV	PRGM COSTS APPRV			
			17.00	21.00	22.00	23.00	24.00	
99.10	09910	CORF	0				0	99.10
101.00	10100	HOME HEALTH AGENCY	0				288,615	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0				0	109.00
110.00	11000	INTESTINAL ACQUISITION	0				0	110.00
111.00	11100	ISLET ACQUISITION	0				0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	123,225	0	0	0	24,320,646	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				66,326	190.00
191.00	19100	RESEARCH	0				0	191.00
191.01	19101	SENIOR ADVAN	0				0	191.01
191.02	19102	CARE-A-VAN	0				106	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0				3,579,875	192.00
192.01	19201	REFERENCE LAB	0				0	192.01
192.02	19202	MEALS ON WHEELS	0				0	192.02
193.00	19300	NONPAID WORKERS	518				1,254,714	193.00
200.00		Cross Foot Adjustments		7,503	43,127	24,432	75,062	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	123,743	7,503	43,127	24,432	29,296,729	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/23/2020 3:51 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00591	PURCHASING		5.03
5.05	00590	BUSINESS OFFICE		5.05
5.06	00592	OTHER ADMIN & GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02301	PARAMED EDUCATION PROGRAM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,470,465	31.00
32.00	03200	CORONARY CARE UNIT	875,805	32.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	67,633	41.00
42.00	04200	SUBPROVIDER	636,350	42.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	2,986,067	50.00
51.00	05100	RECOVERY ROOM	367,719	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	398,116	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,545,438	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	85,423	54.01
54.02	05404	ULTRASOUND	271,965	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	852,750	55.00
57.00	05700	CT SCAN	611,465	57.00
58.00	05800	MRI	178,486	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,072,099	59.00
60.00	06000	LABORATORY	1,185,654	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
64.00	06400	INTRAVENOUS THERAPY	256,540	64.00
65.00	06500	RESPIRATORY THERAPY	339,910	65.00
66.00	06600	PHYSICAL THERAPY	1,274,668	66.00
69.00	06900	ELECTROCARDIOLOGY	487,884	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	452,018	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	117,554	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	729,547	73.00
75.01	03955	RENAL DIALYSIS (IP)	10,059	75.01
76.00	03956	CARDIAC REHAB	168,381	76.00
76.01	03950	OP PSY/CDU	663,847	76.01
76.02	03957	RIMMS	238,636	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	76.03
76.04	03952	PAIN CLINIC	0	76.04
76.05	03953	DIABETES	53,678	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	120,220	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	299,084	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
91.00	09100	EMERGENCY	971,843	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	281,451	92.01
93.00	04951	INFUSION	114,497	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	971,154	93.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	713,060	95.00
99.10	09910	CORF	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/23/2020 3:51 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
101.00	10100	HOME HEALTH AGENCY	0	288,615
		SPECIAL PURPOSE COST CENTERS		
109.00	10900	PANCREAS ACQUISITION	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0
111.00	11100	ISLET ACQUISITION	0	0
113.00	11300	INTEREST EXPENSE		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	24,320,646
		NONREIMBURSABLE COST CENTERS		
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	66,326
191.00	19100	RESEARCH	0	0
191.01	19101	SENIOR ADVAN	0	0
191.02	19102	CARE-A-VAN	0	106
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,579,875
192.01	19201	REFERENCE LAB	0	0
192.02	19202	MEALS ON WHEELS	0	0
193.00	19300	NONPAID WORKERS	0	1,254,714
200.00		Cross Foot Adjustments	0	75,062
201.00		Negative Cost Centers	0	0
202.00		TOTAL (sum lines 118 through 201)	0	29,296,729

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0186

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

Worksheet B-1

Date/Time Prepared:
7/23/2020 3:51 pm

		Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	614,075					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		9,392,539				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,818	5,019	24,368,094			4.00
5.01	01160	COMMUNICATIONS	168	0	0	1,149		5.01
5.02	00550	DATA PROCESSING	9,123	1,919,022	909,180	80	942	5.02
5.03	00591	PURCHASING	18,704	267,257	157,169	15	15	5.03
5.05	00590	BUSINESS OFFICE	10,796	30,188	1,320,426	46	145	5.05
5.06	00592	OTHER ADMIN & GENERAL	50,914	95,368	1,826,569	238	147	5.06
6.00	00600	MAINTENANCE & REPAIRS	14,725	588,145	397,272	39	21	6.00
7.00	00700	OPERATION OF PLANT	132,374	570,506	174,995	17	17	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,991	14,758	135,811	1	0	8.00
9.00	00900	HOUSEKEEPING	2,428	53,544	607,903	8	6	9.00
10.00	01000	DIETARY	10,216	39,332	83,245	14	10	10.00
11.00	01100	CAFETERIA	9,348	0	211,526	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	88,372	41,722	16	11	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,372	52,100	109,753	4	5	14.00
15.00	01500	PHARMACY	2,366	307,406	0	10	19	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,675	3,332	290,211	51	29	16.00
17.00	01700	SOCIAL SERVICE	531	6,896	216,749	9	21	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,572	4,533	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	260	0	145,873	1	0	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	348	625	41,308	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	63,775	134,710	2,467,226	164	97	30.00
31.00	03100	INTENSIVE CARE UNIT	9,127	119,451	752,872	19	17	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	16,199	223,486	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	7,999	16,830	415,994	14	15	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,730	22,115	167,191	4	3	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,101	1,250,197	781,494	28	25	50.00
51.00	05100	RECOVERY ROOM	4,144	26,693	298,335	21	14	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,263	44,991	271,636	6	4	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,964	618,831	789,619	16	23	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	490	21,240	30,953	2	1	54.01
54.02	05404	ULTRASOUND	452	166,942	126,984	4	6	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	658,647	299,564	16	11	55.00
57.00	05700	CT SCAN	575	414,068	130,765	6	8	57.00
58.00	05800	MRI	1,192	53,584	67,977	6	9	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,475	388,695	318,520	5	2	59.00
60.00	06000	LABORATORY	6,511	249,556	500,804	33	62	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	6,941	186,180	2	3	64.00
65.00	06500	RESPIRATORY THERAPY	1,252	129,230	277,049	7	8	65.00
66.00	06600	PHYSICAL THERAPY	18,324	38,904	635,767	29	62	66.00
69.00	06900	ELECTROCARDIOLOGY	2,782	185,379	224,449	16	12	69.00
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	484,485	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	5	0	0	75.01
76.00	03956	CARDIAC REHAB	1,832	24,856	69,902	4	7	76.00
76.01	03950	OP PSY/CDU	11,730	2,455	212,780	0	12	76.01
76.02	03957	RIMMS	3,951	14,837	188,310	12	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	494	254	100,770	4	5	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,508	9,468	82,944	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	5,813	936	31,338	4	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	8,685	133,921	802,289	53	25	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	4,755	3,267	134,323	0	0	92.01
93.00	04951	INFUSION	0	11,062	92,158	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	29,569	9,842	10,783	2	0	93.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0186

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

Worksheet B-1

Date/Time Prepared:
7/23/2020 3:51 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ACTUAL BEN EFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,064	290,653	764,771	4	7	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	2,848	8,996	591,134	19	35	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	511,562	9,118,192	19,207,102	1,049	919	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,284	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	768	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	64,483	274,159	5,160,224	48	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	36,746	188	0	52	23	193.00
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)	19,640,486	9,656,243	36,941,033	1,969,233	13,876,429	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	31.983855	1.028076	1.515959	1,713.866841	14,730.816348	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			95,291	5,373	2,268,615	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.003910	4.676240	2,408.296178	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:14-0186

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

Worksheet B-1

Date/Time Prepared:
7/23/2020 3:51 pm

Cost Center Description			PURCHASING (REQS)	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	
			5.03	5.05	5A.06	5.06	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING	39,067,274					5.03
5.05	00590	BUSINESS OFFICE	32,688	1,271,682,368				5.05
5.06	00592	OTHER ADMIN & GENERAL	66,755	0	-34,448,686	304,991,562		5.06
6.00	00600	MAINTENANCE & REPAIRS	245,009	0	0	9,901,410	6,592	6.00
7.00	00700	OPERATION OF PLANT	5,432	0	0	6,125,214	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	240,815	0	0	1,078,447	0	8.00
9.00	00900	HOUSEKEEPING	319,960	0	0	4,443,524	1	9.00
10.00	01000	DIETARY	231,202	0	0	1,853,289	0	10.00
11.00	01100	CAFETERIA	0	0	0	1,722,842	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,499	0	0	830,055	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	269,326	0	0	1,617,415	2	14.00
15.00	01500	PHARMACY	701,083	0	0	1,604,081	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,858	0	0	2,871,841	0	16.00
17.00	01700	SOCIAL SERVICE	3,538	0	0	2,025,685	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	706,304	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	7,239	0	0	1,900,934	0	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	497	0	0	245,141	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	759,197	63,804,544	0	24,241,521	419	30.00
31.00	03100	INTENSIVE CARE UNIT	469,136	30,870,001	0	6,913,933	250	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	16,996	3,610,582	0	1,807,195	13	40.00
41.00	04100	SUBPROVIDER - IRF	123,385	7,628,858	0	4,697,220	52	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	83,043	2,424,704	0	1,734,534	84	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,105,954	147,447,560	0	16,468,401	1,168	50.00
51.00	05100	RECOVERY ROOM	82,210	14,348,718	0	3,030,452	115	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	131,671	2,093,153	0	2,447,371	135	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,894,289	123,465,477	0	12,523,556	576	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	436,408	9,583,567	0	947,844	46	54.01
54.02	05404	ULTRASOUND	89,572	18,178,792	0	1,635,215	131	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	329,890	86,175,397	0	5,594,372	73	55.00
57.00	05700	CT SCAN	250,383	102,914,984	0	3,009,613	30	57.00
58.00	05800	MRI	103,605	23,739,473	0	1,139,464	20	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,314,795	90,286,597	0	10,818,018	357	59.00
60.00	06000	LABORATORY	5,969,169	151,039,500	0	12,915,182	212	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	102,517	846,100	0	2,693,926	1,053	64.00
65.00	06500	RESPIRATORY THERAPY	393,486	22,505,098	0	3,091,097	281	65.00
66.00	06600	PHYSICAL THERAPY	200,795	37,451,673	0	7,581,706	93	66.00
69.00	06900	ELECTROCARDIOLOGY	334,410	32,067,345	0	3,032,587	247	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,159,859	0	978,639	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,772,147	0	12,948,205	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	58,855,947	0	19,377,914	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	594	1,396,766	0	834,261	17	75.01
76.00	03956	CARDIAC REHAB	12,340	1,925,579	0	736,804	97	76.00
76.01	03950	OP PSY/CDU	6,845	5,016,130	0	2,091,201	6	76.01
76.02	03957	RIMMS	145,801	1,738,334	0	1,506,996	21	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	28,878	2,652,273	0	1,777,693	2	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	567,300	7,296,056	0	1,377,215	7	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	3,915	292,754	0	364,995	11	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	729,609	91,221,380	0	8,975,713	378	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	47,927	468,964	0	1,322,493	52	92.01
93.00	04951	INFUSION	433,177	60,222,746	0	1,788,689	112	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	1,663	8,608,126	0	1,115,822	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	63,149	10,366,548	0	6,440,966	88	95.00
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0186

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

Worksheet B-1

Date/Time Prepared:
7/23/2020 3:51 pm

Cost Center Description			PURCHASING (REQS)	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	
			5.03	5.05	5A.06	5.06	6.00	
101.00	10100	HOME HEALTH AGENCY	126,670	5,206,636	0	5,639,720	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	38,488,680	1,271,682,368	-34,448,686	230,526,715	6,149	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	41,067	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	15,082	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	578,594	0	0	72,805,296	443	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	1,603,402	0	193.00
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)	3,072,751	12,168,042		34,448,686	11,019,774	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.078653	0.009568		0.112950	1,671.689017	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	909,796	731,676		2,090,305	1,201,499	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.023288	0.000575		0.006854	182.266232	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:14-0186

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

Worksheet B-1

Date/Time Prepared:
7/23/2020 3:51 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00591	PURCHASING					5.03
5.05	00590	BUSINESS OFFICE					5.05
5.06	00592	OTHER ADMIN & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	265,925				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	243,470			8.00
9.00	00900	HOUSEKEEPING	2,428	0	229,776		9.00
10.00	01000	DIETARY	10,216	1,521	10,216	1,767,245	10.00
11.00	01100	CAFETERIA	9,348	0	9,348	1,273,335	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	35,995	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,372	11,504	6,372	29,941	14.00
15.00	01500	PHARMACY	2,366	0	2,366	76,711	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,675	0	5,675	0	16.00
17.00	01700	SOCIAL SERVICE	531	0	531	56,895	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	260	0	260	32,284	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	348	0	348	9,600	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	63,775	110,890	63,775	341,407	30.00
31.00	03100	INTENSIVE CARE UNIT	9,127	16,079	9,127	88,400	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	13,386	0	46,834	40.00
41.00	04100	SUBPROVIDER - IRF	7,999	16,559	7,999	60,626	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	1,730	0	1,730	23,599	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,101	11,128	16,101	126,289	50.00
51.00	05100	RECOVERY ROOM	4,144	9,609	4,144	60,022	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,263	0	5,263	48,764	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,475	14,537	7,475	80,379	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	490	0	490	5,653	54.01
54.02	05404	ULTRASOUND	452	0	452	21,344	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	30,446	55.00
57.00	05700	CT SCAN	575	0	575	33,315	57.00
58.00	05800	MRI	1,192	0	1,192	12,802	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,475	3,830	3,475	53,358	59.00
60.00	06000	LABORATORY	6,731	0	6,731	93,640	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	56,406	64.00
65.00	06500	RESPIRATORY THERAPY	1,252	653	1,252	41,421	65.00
66.00	06600	PHYSICAL THERAPY	18,324	4,541	18,324	52,637	66.00
69.00	06900	ELECTROCARDIOLOGY	2,782	1,365	2,782	43,823	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	75.01
76.00	03956	CARDIAC REHAB	1,832	0	1,832	13,606	76.00
76.01	03950	OP PSY/CDU	11,730	0	11,730	12,261	76.01
76.02	03957	RIMMS	3,951	438	3,951	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	76.04
76.05	03953	DIABETES	494	0	494	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,508	250	1,508	4,986	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	5,813	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00	09100	EMERGENCY	8,685	19,058	8,685	3,477	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	4,755	0	4,755	26,085	92.01
93.00	04951	INFUSION	0	1,174	0	15,020	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	6,064	1,423	6,064	0	95.00
99.10	09910	CORF	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0186

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

Worksheet B-1

Date/Time Prepared:
7/23/2020 3:51 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
			7.00	8.00	9.00	10.00	11.00	
101.00	10100	HOME HEALTH AGENCY	2,848	0	2,848	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	236,111	237,945	227,870	1,767,245	1,989,386	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,284	0	1,284	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	27,908	5,525	0	0	229,664	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	622	0	622	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,817,057	1,200,258	5,009,334	2,554,724	4,201,599	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.635262	4.929798	21.800945	1.445597	1.893422	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,904,167	156,356	232,434	609,456	932,596	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	18.441918	0.642198	1.011568	0.344862	0.420268	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:14-0186

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

Worksheet B-1

Date/Time Prepared:
7/23/2020 3:51 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00591	PURCHASING					5.03
5.05	00590	BUSINESS OFFICE					5.05
5.06	00592	OTHER ADMIN & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION	1,852,950				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	29,941	41,185,306			14.00
15.00	01500	PHARMACY	0	0	19,916,855		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,271,682,368	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	32,284	0	0	0	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	465,076	0	0	63,804,544	30.00
31.00	03100	INTENSIVE CARE UNIT	126,947	0	0	30,870,001	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	46,834	0	0	3,610,582	40.00
41.00	04100	SUBPROVIDER - IRF	89,861	0	0	7,628,858	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	23,599	0	0	2,424,704	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	126,289	0	0	147,447,560	50.00
51.00	05100	RECOVERY ROOM	60,022	0	0	14,348,718	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	48,764	0	0	2,093,153	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	123,465,477	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	9,583,567	54.01
54.02	05404	ULTRASOUND	0	0	0	18,178,792	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	86,175,397	55.00
57.00	05700	CT SCAN	0	0	0	102,914,984	57.00
58.00	05800	MRI	0	0	0	23,739,473	58.00
59.00	05900	CARDIAC CATHETERIZATION	53,358	0	0	90,286,597	59.00
60.00	06000	LABORATORY	0	0	0	151,039,500	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	56,406	0	0	846,100	64.00
65.00	06500	RESPIRATORY THERAPY	41,421	0	0	22,505,098	65.00
66.00	06600	PHYSICAL THERAPY	115,732	0	0	37,451,673	66.00
69.00	06900	ELECTROCARDIOLOGY	43,823	0	0	32,067,345	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	41,185,306	0	13,159,859	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,772,147	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	19,916,855	58,855,947	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	1,396,766	75.01
76.00	03956	CARDIAC REHAB	13,606	0	0	1,925,579	76.00
76.01	03950	OP PSY/CDU	41,243	0	0	5,016,130	76.01
76.02	03957	RIMMS	0	0	0	1,738,334	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	2,652,273	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	7,296,056	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	292,754	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00	09100	EMERGENCY	169,344	0	0	91,221,380	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	26,085	0	0	468,964	92.01
93.00	04951	INFUSION	0	0	0	60,222,746	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	8,608,126	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	144,291	0	0	10,366,548	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0186

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

Worksheet B-1

Date/Time Prepared:
7/23/2020 3:51 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	5,206,636	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,754,926	41,185,306	19,916,855	1,271,682,368	9,520	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	98,024	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	991,964	2,235,141	2,042,742	3,465,415	2,387,400	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.535343	0.054270	0.102563	0.002725	249.728033	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	138,457	433,742	543,103	386,321	123,743	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.074722	0.010531	0.027269	0.000304	12.943828	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:14-0186

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

Worksheet B-1

Date/Time Prepared:
7/23/2020 3:51 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED EDUCATION PROGRAM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			(ASSIGNED TIME)	(ASSIGNED TIME)		
			21.00	22.00		
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	01160	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00591	PURCHASING				5.03
5.05	00590	BUSINESS OFFICE				5.05
5.06	00592	OTHER ADMIN & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	7,715			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		7,715		22.00
23.00	02301	PARAMED EDUCATION PROGRAM			5,247	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,653	3,653	4,773	30.00
31.00	03100	INTENSIVE CARE UNIT	490	490	474	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	262	262	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	205	205	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	122	122	0	54.01
54.02	05404	ULTRASOUND	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	141	141	0	55.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	668	668	0	59.00
60.00	06000	LABORATORY	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	243	243	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	75.01
76.00	03956	CARDIAC REHAB	0	0	0	76.00
76.01	03950	OP PSY/CDU	0	0	0	76.01
76.02	03957	RIMMS	0	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
91.00	09100	EMERGENCY	140	140	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00	04951	INFUSION	0	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	93.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0186

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

Worksheet B-1

Date/Time Prepared:
7/23/2020 3:51 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED EDUCATION PROGRAM PROGRAM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			(ASSIGNED TIME)	(ASSIGNED TIME)		
			21.00	22.00		
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,924	5,924	5,247	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,791	1,791	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	193.00
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)	786,081	2,206,387	307,515	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	101.889955	285.986649	58.607776	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,503	43,127	24,432	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.972521	5.590019	4.656375	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

Worksheet C
Part I
Date/Time Prepared:
7/23/2020 3:51 pm

MCRIF32 - 16.1.168.2

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/23/2020 3:51 pm

					Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	63,547,359		63,547,359			30.00	
31.00	03100	INTENSIVE CARE UNIT	30,870,001		30,870,001			31.00	
32.00	03200	CORONARY CARE UNIT	0		0			32.00	
40.00	04000	SUBPROVIDER - IPF	3,610,582		3,610,582			40.00	
41.00	04100	SUBPROVIDER - IRF	7,628,858		7,628,858			41.00	
42.00	04200	SUBPROVIDER	0		0			42.00	
43.00	04300	NURSERY	2,424,704		2,424,704			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	68,525,051	78,922,509	147,447,560	0.148198	0.000000	50.00	
51.00	05100	RECOVERY ROOM	4,587,803	9,760,915	14,348,718	0.278339	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	486,380	1,606,773	2,093,153	1.587689	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,042,904	113,422,573	123,465,477	0.128100	0.000000	54.00	
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,705,053	7,878,514	9,583,567	0.124365	0.000000	54.01	
54.02	05404	ULTRASOUND	4,265,938	13,912,854	18,178,792	0.118286	0.000000	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	745,566	85,429,831	86,175,397	0.077061	0.000000	55.00	
57.00	05700	CT SCAN	35,775,656	67,139,328	102,914,984	0.036637	0.000000	57.00	
58.00	05800	MRI	6,443,259	17,296,214	23,739,473	0.060956	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	27,363,326	62,923,271	90,286,597	0.146157	0.000000	59.00	
60.00	06000	LABORATORY	47,021,613	104,017,887	151,039,500	0.103527	0.000000	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000	62.00	
64.00	06400	INTRAVENOUS THERAPY	680,998	165,102	846,100	5.788674	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	15,194,097	7,311,001	22,505,098	0.183715	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	18,264,776	19,186,897	37,451,673	0.260304	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	8,865,297	23,202,048	32,067,345	0.128496	0.000000	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,316,813	8,843,046	13,159,859	0.255335	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,777,552	16,994,595	32,772,147	0.442449	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	44,147,612	14,708,335	58,855,947	0.403864	0.000000	73.00	
75.01	03955	RENAL DIALYSIS (IP)	1,324,598	72,168	1,396,766	0.687815	0.000000	75.01	
76.00	03956	CARDIAC REHAB	352,604	1,572,975	1,925,579	0.575087	0.000000	76.00	
76.01	03950	OP PSY/CDU	4,789	5,011,341	5,016,130	0.588665	0.000000	76.01	
76.02	03957	RIMMS	0	1,738,334	1,738,334	1.096816	0.000000	76.02	
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0.000000	0.000000	76.03	
76.04	03952	PAIN CLINIC	0	0	0	0.000000	0.000000	76.04	
76.05	03953	DIABETES	1,078	2,651,195	2,652,273	0.758778	0.000000	76.05	
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,444,227	5,851,829	7,296,056	0.225678	0.000000	76.98	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	292,754	292,754			88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00	
91.00	09100	EMERGENCY	26,689,139	64,532,241	91,221,380	0.129221	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	257,185	257,185	8.814340	0.000000	92.00	
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	71,581	397,383	468,964	3.942708	0.000000	92.01	
93.00	04951	INFUSION	302,819	59,919,927	60,222,746	0.039458	0.000000	93.00	
93.01	04950	COMMUNITY HEALTH CENTERS	0	8,608,126	8,608,126	0.146990	0.000000	93.01	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	158,818	10,207,730	10,366,548	0.744293	0.000000	95.00	
99.10	09910	CORF	0	0	0			99.10	
101.00	10100	HOME HEALTH AGENCY	0	5,206,636	5,206,636			101.00	
	SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00	
111.00	11100	ISLET ACQUISITION	0	0	0			111.00	
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	452,640,851	819,041,517	1,271,682,368			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	452,640,851	819,041,517	1,271,682,368			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/23/2020 3:51 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.148198			50.00
51.00	05100 RECOVERY ROOM	0.278339			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.587689			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.128100			54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.124365			54.01
54.02	05404 ULTRASOUND	0.118286			54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.077061			55.00
57.00	05700 CT SCAN	0.036637			57.00
58.00	05800 MRI	0.060956			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.146157			59.00
60.00	06000 LABORATORY	0.103527			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
64.00	06400 INTRAVENOUS THERAPY	5.788674			64.00
65.00	06500 RESPIRATORY THERAPY	0.183715			65.00
66.00	06600 PHYSICAL THERAPY	0.260304			66.00
69.00	06900 ELECTROCARDIOLOGY	0.128496			69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.255335			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.442449			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.403864			73.00
75.01	03955 RENAL DIALYSIS (IP)	0.687815			75.01
76.00	03956 CARDIAC REHAB	0.575087			76.00
76.01	03950 OP PSY/CDU	0.588665			76.01
76.02	03957 RIMMS	1.096816			76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0.000000			76.03
76.04	03952 PAIN CLINIC	0.000000			76.04
76.05	03953 DIABETES	0.758778			76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.225678			76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
91.00	09100 EMERGENCY	0.129221			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8.814340			92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	3.942708			92.01
93.00	04951 INFUSION	0.039458			93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0.146990			93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0.744293			95.00
99.10	09910 CORF				99.10
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00
111.00	11100 ISLET ACQUISITION				111.00
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/23/2020 3:51 pm

				Title XIX		Hospital		Cost	
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	34,741,658		34,741,658	0	34,741,658	30.00	
31.00	03100	INTENSIVE CARE UNIT	9,267,413		9,267,413	0	9,267,413	31.00	
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00	
40.00	04000	SUBPROVIDER - IPF	2,222,628		2,222,628	0	2,222,628	40.00	
41.00	04100	SUBPROVIDER - IRF	6,922,562		6,922,562	0	6,922,562	41.00	
42.00	04200	SUBPROVIDER	0		0	0	0	42.00	
43.00	04300	NURSERY	2,216,861		2,216,861	0	2,216,861	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	21,851,392		21,851,392	0	21,851,392	50.00	
51.00	05100	RECOVERY ROOM	3,993,811		3,993,811	0	3,993,811	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,323,276		3,323,276	0	3,323,276	52.00	
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,815,869		15,815,869	0	15,815,869	54.00	
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,191,863		1,191,863	0	1,191,863	54.01	
54.02	05404	ULTRASOUND	2,150,295		2,150,295	0	2,150,295	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	6,640,764		6,640,764	0	6,640,764	55.00	
57.00	05700	CT SCAN	3,770,498		3,770,498	0	3,770,498	57.00	
58.00	05800	MRI	1,447,074		1,447,074	0	1,447,074	58.00	
59.00	05900	CARDIAC CATHETERIZATION	13,196,053		13,196,053	0	13,196,053	59.00	
60.00	06000	LABORATORY	15,636,607		15,636,607	0	15,636,607	60.00	
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00	
64.00	06400	INTRAVENOUS THERAPY	4,897,797		4,897,797	0	4,897,797	64.00	
65.00	06500	RESPIRATORY THERAPY	4,134,517	0	4,134,517	0	4,134,517	65.00	
66.00	06600	PHYSICAL THERAPY	9,748,811	0	9,748,811	0	9,748,811	66.00	
69.00	06900	ELECTROCARDIOLOGY	4,120,540		4,120,540	0	4,120,540	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,360,178		3,360,178	0	3,360,178	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,500,009		14,500,009	0	14,500,009	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	23,769,773		23,769,773	0	23,769,773	73.00	
75.01	03955	RENAL DIALYSIS (IP)	960,716		960,716	0	960,716	75.01	
76.00	03956	CARDIAC REHAB	1,107,376		1,107,376	0	1,107,376	76.00	
76.01	03950	OP PSY/CDU	2,952,822		2,952,822	0	2,952,822	76.01	
76.02	03957	RIMMS	1,906,633		1,906,633	0	1,906,633	76.02	
76.03	03951	GENETIC/OAK PLAZA CLINICS	0		0	0	0	76.03	
76.04	03952	PAIN CLINIC	0		0	0	0	76.04	
76.05	03953	DIABETES	2,012,487		2,012,487	0	2,012,487	76.05	
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,646,562		1,646,562	0	1,646,562	76.98	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	574,426		574,426	0	574,426	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00	
91.00	09100	EMERGENCY	11,787,677		11,787,677	0	11,787,677	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,266,916		2,266,916	0	2,266,916	92.00	
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	1,848,988		1,848,988	0	1,848,988	92.01	
93.00	04951	INFUSION	2,376,284		2,376,284	0	2,376,284	93.00	
93.01	04950	COMMUNITY HEALTH CENTERS	1,265,311		1,265,311	0	1,265,311	93.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	7,715,744		7,715,744	0	7,715,744	95.00	
99.10	09910	CORF	0		0	0	0	99.10	
101.00	10100	HOME HEALTH AGENCY	6,426,012		6,426,012	0	6,426,012	101.00	
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00	
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00	
200.00		Subtotal (see instructions)	253,768,203	0	253,768,203	0	253,768,203	200.00	
201.00		Less Observation Beds	2,266,916		2,266,916	0	2,266,916	201.00	
202.00		Total (see instructions)	251,501,287	0	251,501,287	0	251,501,287	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/23/2020 3:51 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	63,547,359		63,547,359			30.00	
31.00	03100	INTENSIVE CARE UNIT	30,870,001		30,870,001			31.00	
32.00	03200	CORONARY CARE UNIT	0		0			32.00	
40.00	04000	SUBPROVIDER - IPF	3,610,582		3,610,582			40.00	
41.00	04100	SUBPROVIDER - IRF	7,628,858		7,628,858			41.00	
42.00	04200	SUBPROVIDER	0		0			42.00	
43.00	04300	NURSERY	2,424,704		2,424,704			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	68,525,051	78,922,509	147,447,560	0.148198	0.000000	50.00	
51.00	05100	RECOVERY ROOM	4,587,803	9,760,915	14,348,718	0.278339	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	486,380	1,606,773	2,093,153	1.587689	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,042,904	113,422,573	123,465,477	0.128100	0.000000	54.00	
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,705,053	7,878,514	9,583,567	0.124365	0.000000	54.01	
54.02	05404	ULTRASOUND	4,265,938	13,912,854	18,178,792	0.118286	0.000000	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	745,566	85,429,831	86,175,397	0.077061	0.000000	55.00	
57.00	05700	CT SCAN	35,775,656	67,139,328	102,914,984	0.036637	0.000000	57.00	
58.00	05800	MRI	6,443,259	17,296,214	23,739,473	0.060956	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	27,363,326	62,923,271	90,286,597	0.146157	0.000000	59.00	
60.00	06000	LABORATORY	47,021,613	104,017,887	151,039,500	0.103527	0.000000	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000	62.00	
64.00	06400	INTRAVENOUS THERAPY	680,998	165,102	846,100	5.788674	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	15,194,097	7,311,001	22,505,098	0.183715	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	18,264,776	19,186,897	37,451,673	0.260304	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	8,865,297	23,202,048	32,067,345	0.128496	0.000000	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,316,813	8,843,046	13,159,859	0.255335	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,777,552	16,994,595	32,772,147	0.442449	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	44,147,612	14,708,335	58,855,947	0.403864	0.000000	73.00	
75.01	03955	RENAL DIALYSIS (IP)	1,324,598	72,168	1,396,766	0.687815	0.000000	75.01	
76.00	03956	CARDIAC REHAB	352,604	1,572,975	1,925,579	0.575087	0.000000	76.00	
76.01	03950	OP PSY/CDU	4,789	5,011,341	5,016,130	0.588665	0.000000	76.01	
76.02	03957	RIMMS	0	1,738,334	1,738,334	1.096816	0.000000	76.02	
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0.000000	0.000000	76.03	
76.04	03952	PAIN CLINIC	0	0	0	0.000000	0.000000	76.04	
76.05	03953	DIABETES	1,078	2,651,195	2,652,273	0.758778	0.000000	76.05	
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,444,227	5,851,829	7,296,056	0.225678	0.000000	76.98	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	292,754	292,754	1.962146	0.000000	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00	
91.00	09100	EMERGENCY	26,689,139	64,532,241	91,221,380	0.129221	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	257,185	257,185	8.814340	0.000000	92.00	
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	71,581	397,383	468,964	3.942708	0.000000	92.01	
93.00	04951	INFUSION	302,819	59,919,927	60,222,746	0.039458	0.000000	93.00	
93.01	04950	COMMUNITY HEALTH CENTERS	0	8,608,126	8,608,126	0.146990	0.000000	93.01	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	158,818	10,207,730	10,366,548	0.744293	0.000000	95.00	
99.10	09910	CORF	0	0	0			99.10	
101.00	10100	HOME HEALTH AGENCY	0	5,206,636	5,206,636			101.00	
	SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00	
111.00	11100	ISLET ACQUISITION	0	0	0			111.00	
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	452,640,851	819,041,517	1,271,682,368			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	452,640,851	819,041,517	1,271,682,368			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/23/2020 3:51 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000			54.01
54.02	05404 ULTRASOUND	0.000000			54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.01	03955 RENAL DIALYSIS (IP)	0.000000			75.01
76.00	03956 CARDIAC REHAB	0.000000			76.00
76.01	03950 OP PSY/CDU	0.000000			76.01
76.02	03957 RIMMS	0.000000			76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0.000000			76.03
76.04	03952 PAIN CLINIC	0.000000			76.04
76.05	03953 DIABETES	0.000000			76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
93.00	04951 INFUSION	0.000000			93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0.000000			93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
99.10	09910 CORF				99.10
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00
111.00	11100 ISLET ACQUISITION				111.00
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
7/23/2020 3:51 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	4,470,465	0	4,470,465	45,900	97.40	30.00	
31.00	INTENSIVE CARE UNIT	875,805		875,805	3,725	235.12	31.00	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
40.00	SUBPROVIDER - IPF	67,633	0	67,633	2,881	23.48	40.00	
41.00	SUBPROVIDER - IRF	636,350	0	636,350	8,380	75.94	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	162,565		162,565	2,411	67.43	43.00	
200.00	Total (lines 30 through 199)	6,212,818		6,212,818	63,297		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	16,273	1,584,990					30.00
31.00	INTENSIVE CARE UNIT	1,627	382,540					31.00
32.00	CORONARY CARE UNIT	0	0					32.00
40.00	SUBPROVIDER - IPF	1,853	43,508					40.00
41.00	SUBPROVIDER - IRF	6,614	502,267					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	26,367	2,513,305					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 7/23/2020 3:51 pm
Title XVIII				Hospital	PPS	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,986,067	147,447,560	0.020252	32,288,224	653,901	50.00
51.00 05100 RECOVERY ROOM	367,719	14,348,718	0.025627	1,868,769	47,891	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	398,116	2,093,153	0.190199	29,783	5,665	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,545,438	123,465,477	0.012517	5,802,873	72,635	54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	85,423	9,583,567	0.008913	971,608	8,660	54.01
54.02 05404 ULTRASOUND	271,965	18,178,792	0.014961	2,099,035	31,404	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	852,750	86,175,397	0.009896	456,645	4,519	55.00
57.00 05700 CT SCAN	611,465	102,914,984	0.005941	17,494,537	103,935	57.00
58.00 05800 MRI	178,486	23,739,473	0.007519	3,179,988	23,910	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,072,099	90,286,597	0.011874	17,500,256	207,798	59.00
60.00 06000 LABORATORY	1,185,654	151,039,500	0.007850	20,828,331	163,502	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	256,540	846,100	0.303203	309,639	93,883	64.00
65.00 06500 RESPIRATORY THERAPY	339,910	22,505,098	0.015104	7,933,538	119,828	65.00
66.00 06600 PHYSICAL THERAPY	1,274,668	37,451,673	0.034035	3,451,381	117,468	66.00
69.00 06900 ELECTROCARDIOLOGY	487,884	32,067,345	0.015214	4,699,190	71,493	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	452,018	13,159,859	0.034348	2,383,293	81,861	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	117,554	32,772,147	0.003587	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	729,547	58,855,947	0.012395	19,637,247	243,404	73.00
75.01 03955 RENAL DIALYSIS (IP)	10,059	1,396,766	0.007202	744,960	5,365	75.01
76.00 03956 CARDIAC REHAB	168,381	1,925,579	0.087444	197,043	17,230	76.00
76.01 03950 OP PSY/CDU	663,847	5,016,130	0.132342	408	54	76.01
76.02 03957 RIMMS	238,636	1,738,334	0.137279	0	0	76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0	0	76.03
76.04 03952 PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05 03953 DIABETES	53,678	2,652,273	0.020238	196	4	76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	120,220	7,296,056	0.016477	727,612	11,989	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	299,084	292,754	1.021622	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00 09100 EMERGENCY	971,843	91,221,380	0.010654	12,167,234	129,630	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	291,700	257,185	1.134203	0	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	281,451	468,964	0.600155	17,960	10,779	92.01
93.00 04951 INFUSION	114,497	60,222,746	0.001901	146,241	278	93.00
93.01 04950 COMMUNITY HEALTH CENTERS	971,154	8,608,126	0.112818	0	0	93.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	17,397,853	1,148,027,680		154,935,991	2,227,086	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0186		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 7/23/2020 3:51 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	279,735	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	27,780	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	307,515	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	279,735	45,900	6.09	16,273	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	27,780	3,725	7.46	1,627	31.00		
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00		
40.00	04000	SUBPROVIDER - IPF	0	0	2,881	0.00	1,853	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	8,380	0.00	6,614	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00		
43.00	04300	NURSERY	0	0	2,411	0.00	0	43.00		
200.00		Total (lines 30 through 199)	0	307,515	63,297		26,367	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	99,103							30.00
31.00	03100	INTENSIVE CARE UNIT	12,137							31.00
32.00	03200	CORONARY CARE UNIT	0							32.00
40.00	04000	SUBPROVIDER - IPF	0							40.00
41.00	04100	SUBPROVIDER - IRF	0							41.00
42.00	04200	SUBPROVIDER	0							42.00
43.00	04300	NURSERY	0							43.00
200.00		Total (lines 30 through 199)	111,240							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Provider CCN:14-0186 Period: From 01/01/2019 To 12/31/2019 Worksheet D Part IV Date/Time Prepared: 7/23/2020 3:51 pm

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	PPS
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404 ULTRASOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.01	03955 RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00	03956 CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03950 OP PSY/CDU	0	0	0	0	0	76.01
76.02	03957 RIMMS	0	0	0	0	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952 PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953 DIABETES	0	0	0	0	0	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	18,253	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951 INFUSION	0	0	0	0	0	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	18,253	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN:14-0186		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/23/2020 3:51 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	147,447,560	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	14,348,718	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,093,153	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	123,465,477	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	9,583,567	0.000000	54.01
54.02	05404	ULTRASOUND	0	0	0	18,178,792	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	86,175,397	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	102,914,984	0.000000	57.00
58.00	05800	MRI	0	0	0	23,739,473	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	90,286,597	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	151,039,500	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	846,100	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	22,505,098	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	37,451,673	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	32,067,345	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,159,859	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,772,147	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	58,855,947	0.000000	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	1,396,766	0.000000	75.01
76.00	03956	CARDIAC REHAB	0	0	0	1,925,579	0.000000	76.00
76.01	03950	OP PSY/CDU	0	0	0	5,016,130	0.000000	76.01
76.02	03957	RIMMS	0	0	0	1,738,334	0.000000	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0.000000	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0.000000	76.04
76.05	03953	DIABETES	0	0	0	2,652,273	0.000000	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	7,296,056	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	292,754	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
91.00	09100	EMERGENCY	0	0	0	91,221,380	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	18,253	18,253	257,185	0.070972	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	468,964	0.000000	92.01
93.00	04951	INFUSION	0	0	0	60,222,746	0.000000	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	8,608,126	0.000000	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	18,253	18,253	1,148,027,680		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0186		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/23/2020 3:51 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
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	32,288,224		0	26,458,365	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	1,868,769		0	3,031,527	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	29,783		0	7,026	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,802,873		0	44,692,861	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	971,608		0	4,009,352	0	54.01
54.02	05404	ULTRASOUND	0.000000	2,099,035		0	3,521,889	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	456,645		0	40,525,324	0	55.00
57.00	05700	CT SCAN	0.000000	17,494,537		0	20,042,337	0	57.00
58.00	05800	MRI	0.000000	3,179,988		0	5,544,172	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	17,500,256		0	38,668,416	0	59.00
60.00	06000	LABORATORY	0.000000	20,828,331		0	12,014,755	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0		0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0		0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	309,639		0	56,878	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	7,933,538		0	2,679,578	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	3,451,381		0	74,553	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,699,190		0	9,716,437	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,383,293		0	4,297,331	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0		0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	19,637,247		0	4,973,704	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0.000000	744,960		0	30,264	0	75.01
76.00	03956	CARDIAC REHAB	0.000000	197,043		0	873,794	0	76.00
76.01	03950	OP PSY/CDU	0.000000	408		0	136,778	0	76.01
76.02	03957	RIMMS	0.000000	0		0	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000	0		0	0	0	76.03
76.04	03952	PAIN CLINIC	0.000000	0		0	0	0	76.04
76.05	03953	DIABETES	0.000000	196		0	379,626	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	727,612		0	3,495,590	0	76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0		0	0	0	89.00
91.00	09100	EMERGENCY	0.000000	12,167,234		0	17,988,743	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.070972	0		0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	17,960		0	397,383	0	92.01
93.00	04951	INFUSION	0.000000	146,241		0	33,664,342	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.000000	0		0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		154,935,991		0	277,281,025	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 7/23/2020 3:51 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	0.148198	26,458,365	1	7	3,921,077
51.00 05100 RECOVERY ROOM	0.278339	3,031,527	0	0	843,792
52.00 05200 DELIVERY ROOM & LABOR ROOM	1.587689	7,026	0	0	11,155
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.128100	44,692,861	112	1,004	5,725,155
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.124365	4,009,352	0	0	498,623
54.02 05404 ULTRASOUND	0.118286	3,521,889	0	0	416,590
55.00 05500 RADIOLOGY-THERAPEUTIC	0.077061	40,525,324	280	2,532	3,122,922
57.00 05700 CT SCAN	0.036637	20,042,337	30	266	734,291
58.00 05800 MRI	0.060956	5,544,172	2	19	337,951
59.00 05900 CARDIAC CATHETERIZATION	0.146157	38,668,416	22	196	5,651,660
60.00 06000 LABORATORY	0.103527	12,014,755	0	0	1,243,852
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	5.788674	56,878	0	0	329,248
65.00 06500 RESPIRATORY THERAPY	0.183715	2,679,578	0	0	492,279
66.00 06600 PHYSICAL THERAPY	0.260304	74,553	0	0	19,406
69.00 06900 ELECTROCARDIOLOGY	0.128496	9,716,437	4	34	1,248,523
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.255335	4,297,331	0	0	1,097,259
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.442449	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.403864	4,973,704	32	285	2,008,700
75.01 03955 RENAL DIALYSIS (IP)	0.687815	30,264	0	0	20,816
76.00 03956 CARDIAC REHAB	0.575087	873,794	0	0	502,508
76.01 03950 OP PSY/CDU	0.588665	136,778	0	0	80,516
76.02 03957 RIMMS	1.096816	0	0	0	0
76.03 03951 GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	0
76.04 03952 PAIN CLINIC	0.000000	0	0	0	0
76.05 03953 DIABETES	0.758778	379,626	2	21	288,052
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.225678	3,495,590	9	79	788,878
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.129221	17,988,743	0	170	2,324,523
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	8.814340	0	0	0	0
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	3.942708	397,383	0	0	1,566,765
93.00 04951 INFUSION	0.039458	33,664,342	293	2,639	1,328,328
93.01 04950 COMMUNITY HEALTH CENTERS	0.146990	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.744293	0	0	0	0
200.00 Subtotal (see instructions)		277,281,025	787	7,252	34,602,869
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	
202.00 Net Charges (line 200 - line 201)		277,281,025	787	7,252	34,602,869

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
7/23/2020 3:51 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	1		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14	129		54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0		54.01
54.02	05404	ULTRASOUND	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	22	195		55.00
57.00	05700	CT SCAN	1	10		57.00
58.00	05800	MRI	0	1		58.00
59.00	05900	CARDIAC CATHETERIZATION	3	29		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	1	4		69.00
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	13	115		73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0		75.01
76.00	03956	CARDIAC REHAB	0	0		76.00
76.01	03950	OP PSY/CDU	0	0		76.01
76.02	03957	RIMMS	0	0		76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0		76.03
76.04	03952	PAIN CLINIC	0	0		76.04
76.05	03953	DIABETES	2	16		76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	2	18		76.98
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
91.00	09100	EMERGENCY	0	22		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00	04951	INFUSION	12	104		93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0		93.01
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	70	644		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	70	644		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 7/23/2020 3:51 pm
				Component CCN:14-S186		
				Title XVIII	Subprovider - IP#	PPS
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,986,067	147,447,560	0.020252	2,838	57	50.00
51.00 05100 RECOVERY ROOM	367,719	14,348,718	0.025627	586	15	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	398,116	2,093,153	0.190199	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,545,438	123,465,477	0.012517	27,066	339	54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	85,423	9,583,567	0.008913	4,897	44	54.01
54.02 05404 ULTRASOUND	271,965	18,178,792	0.014961	12,228	183	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	852,750	86,175,397	0.009896	0	0	55.00
57.00 05700 CT SCAN	611,465	102,914,984	0.005941	203,648	1,210	57.00
58.00 05800 MRI	178,486	23,739,473	0.007519	17,853	134	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,072,099	90,286,597	0.011874	0	0	59.00
60.00 06000 LABORATORY	1,185,654	151,039,500	0.007850	600,318	4,712	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	256,540	846,100	0.303203	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	339,910	22,505,098	0.015104	56,680	856	65.00
66.00 06600 PHYSICAL THERAPY	1,274,668	37,451,673	0.034035	60,197	2,049	66.00
69.00 06900 ELECTROCARDIOLOGY	487,884	32,067,345	0.015214	51,203	779	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	452,018	13,159,859	0.034348	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	117,554	32,772,147	0.003587	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	729,547	58,855,947	0.012395	343,925	4,263	73.00
75.01 03955 RENAL DIALYSIS (IP)	10,059	1,396,766	0.007202	2,328	17	75.01
76.00 03956 CARDIAC REHAB	168,381	1,925,579	0.087444	0	0	76.00
76.01 03950 OP PSY/CDU	663,847	5,016,130	0.132342	3,940	521	76.01
76.02 03957 RIMMS	238,636	1,738,334	0.137279	0	0	76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0	0	76.03
76.04 03952 PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05 03953 DIABETES	53,678	2,652,273	0.020238	0	0	76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	120,220	7,296,056	0.016477	28,562	471	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	299,084	292,754	1.021622	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00 09100 EMERGENCY	971,843	91,221,380	0.010654	268,702	2,863	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	257,185	0.000000	0	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	281,451	468,964	0.600155	53,621	32,181	92.01
93.00 04951 INFUSION	114,497	60,222,746	0.001901	0	0	93.00
93.01 04950 COMMUNITY HEALTH CENTERS	971,154	8,608,126	0.112818	0	0	93.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	17,106,153	1,148,027,680		1,738,592	50,694	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0186

Period:

Worksheet D

Component CCN:14-S186

From 01/01/2019

Part IV

To 12/31/2019

Date/Time Prepared:

7/23/2020 3:51 pm

Cost Center Description		Title XVIII		Subprovider - IP#		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404 ULTRASOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.01	03955 RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00	03956 CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03950 OP PSY/CDU	0	0	0	0	0	76.01
76.02	03957 RIMMS	0	0	0	0	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952 PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953 DIABETES	0	0	0	0	0	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951 INFUSION	0	0	0	0	0	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 7/23/2020 3:51 pm	
					Component CCN:14-S186			
					Title XVIII	Subprovider - IP#	PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	147,447,560	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	14,348,718	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,093,153	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	123,465,477	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	9,583,567	0.000000	54.01
54.02	05404	ULTRASOUND	0	0	0	18,178,792	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	86,175,397	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	102,914,984	0.000000	57.00
58.00	05800	MRI	0	0	0	23,739,473	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	90,286,597	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	151,039,500	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	846,100	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	22,505,098	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	37,451,673	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	32,067,345	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,159,859	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,772,147	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	58,855,947	0.000000	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	1,396,766	0.000000	75.01
76.00	03956	CARDIAC REHAB	0	0	0	1,925,579	0.000000	76.00
76.01	03950	OP PSY/CDU	0	0	0	5,016,130	0.000000	76.01
76.02	03957	RIMMS	0	0	0	1,738,334	0.000000	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0.000000	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0.000000	76.04
76.05	03953	DIABETES	0	0	0	2,652,273	0.000000	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	7,296,056	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	292,754	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
91.00	09100	EMERGENCY	0	0	0	91,221,380	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	257,185	0.000000	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	468,964	0.000000	92.01
93.00	04951	INFUSION	0	0	0	60,222,746	0.000000	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	8,608,126	0.000000	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	1,148,027,680		200.00

Health Financial Systems		RIVERSIDE MEDICAL CENTER			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN:14-0186 Component CCN:14-S186		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/23/2020 3:51 pm
			Title XVIII		Subprovider - IP#		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	2,838	0	0	0
51.00	05100	RECOVERY ROOM	0.000000	586	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	27,066	0	0	0
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	4,897	0	0	0
54.02	05404	ULTRASOUND	0.000000	12,228	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
57.00	05700	CT SCAN	0.000000	203,648	0	0	0
58.00	05800	MRI	0.000000	17,853	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0
60.00	06000	LABORATORY	0.000000	600,318	0	2,242	0
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0.000000	56,680	0	64	0
66.00	06600	PHYSICAL THERAPY	0.000000	60,197	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	51,203	0	585	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	343,925	0	0	0
75.01	03955	RENAL DIALYSIS (IP)	0.000000	2,328	0	0	0
76.00	03956	CARDIAC REHAB	0.000000	0	0	0	0
76.01	03950	OP PSY/CDU	0.000000	3,940	0	0	0
76.02	03957	RIMMS	0.000000	0	0	0	0
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	0
76.04	03952	PAIN CLINIC	0.000000	0	0	0	0
76.05	03953	DIABETES	0.000000	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	28,562	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0
91.00	09100	EMERGENCY	0.000000	268,702	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	53,621	0	0	0
93.00	04951	INFUSION	0.000000	0	0	0	0
93.01	04950	COMMUNITY HEALTH CENTERS	0.000000	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					
200.00		Total (lines 50 through 199)		1,738,592	0	2,891	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 7/23/2020 3:51 pm
			Component CCN:14-S186		
			Title XVIII	Subprovider - IP#	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	0.148198	0	0	0	0 50.00
51.00 05100 RECOVERY ROOM	0.278339	0	0	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1.587689	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.128100	0	0	0	0 54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.124365	0	0	0	0 54.01
54.02 05404 ULTRASOUND	0.118286	0	0	0	0 54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.077061	0	0	0	0 55.00
57.00 05700 CT SCAN	0.036637	0	0	0	0 57.00
58.00 05800 MRI	0.060956	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.146157	0	0	0	0 59.00
60.00 06000 LABORATORY	0.103527	2,242	0	0	232 60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0 62.00
64.00 06400 INTRAVENOUS THERAPY	5.788674	0	0	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	0.183715	64	0	0	12 65.00
66.00 06600 PHYSICAL THERAPY	0.260304	0	0	0	0 66.00
69.00 06900 ELECTROCARDIOLOGY	0.128496	585	0	0	75 69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.255335	0	0	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.442449	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.403864	0	0	0	0 73.00
75.01 03955 RENAL DIALYSIS (IP)	0.687815	0	0	0	0 75.01
76.00 03956 CARDIAC REHAB	0.575087	0	0	0	0 76.00
76.01 03950 OP PSY/CDU	0.588665	0	0	0	0 76.01
76.02 03957 RIMMS	1.096816	0	0	0	0 76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	0 76.03
76.04 03952 PAIN CLINIC	0.000000	0	0	0	0 76.04
76.05 03953 DIABETES	0.758778	0	0	0	0 76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.225678	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0 89.00
91.00 09100 EMERGENCY	0.129221	0	0	0	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	8.814340	0	0	0	0 92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	3.942708	0	0	0	0 92.01
93.00 04951 INFUSION	0.039458	0	0	0	0 93.00
93.01 04950 COMMUNITY HEALTH CENTERS	0.146990	0	0	0	0 93.01
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.744293		0		95.00
200.00 Subtotal (see instructions)		2,891	0	0	319 200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 - line 201)		2,891	0	0	319 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 7/23/2020 3:51 pm
		Component CCN:14-S186		
		Title XVIII	Subprovider - IP#	PPS

	Cost Center Description	Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	54.01
54.02	05404	ULTRASOUND	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	75.01
76.00	03956	CARDIAC REHAB	0	0	76.00
76.01	03950	OP PSY/CDU	0	0	76.01
76.02	03957	RIMMS	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	76.04
76.05	03953	DIABETES	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
	OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04951	INFUSION	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	93.01
	OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	0	95.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 7/23/2020 3:51 pm
				Component CCN:14-T186		
				Title XVIII	Subprovider - IR#	PPS
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,986,067	147,447,560	0.020252	344,059	6,968	50.00
51.00 05100 RECOVERY ROOM	367,719	14,348,718	0.025627	37,632	964	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	398,116	2,093,153	0.190199	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,545,438	123,465,477	0.012517	226,559	2,836	54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	85,423	9,583,567	0.008913	38,623	344	54.01
54.02 05404 ULTRASOUND	271,965	18,178,792	0.014961	176,081	2,634	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	852,750	86,175,397	0.009896	0	0	55.00
57.00 05700 CT SCAN	611,465	102,914,984	0.005941	670,131	3,981	57.00
58.00 05800 MRI	178,486	23,739,473	0.007519	170,896	1,285	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,072,099	90,286,597	0.011874	16,330	194	59.00
60.00 06000 LABORATORY	1,185,654	151,039,500	0.007850	1,600,028	12,560	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	256,540	846,100	0.303203	16,476	4,996	64.00
65.00 06500 RESPIRATORY THERAPY	339,910	22,505,098	0.015104	710,756	10,735	65.00
66.00 06600 PHYSICAL THERAPY	1,274,668	37,451,673	0.034035	9,842,547	334,991	66.00
69.00 06900 ELECTROCARDIOLOGY	487,884	32,067,345	0.015214	145,341	2,211	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	452,018	13,159,859	0.034348	660	23	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	117,554	32,772,147	0.003587	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	729,547	58,855,947	0.012395	2,246,186	27,841	73.00
75.01 03955 RENAL DIALYSIS (IP)	10,059	1,396,766	0.007202	96,612	696	75.01
76.00 03956 CARDIAC REHAB	168,381	1,925,579	0.087444	24,998	2,186	76.00
76.01 03950 OP PSY/CDU	663,847	5,016,130	0.132342	0	0	76.01
76.02 03957 RIMMS	238,636	1,738,334	0.137279	0	0	76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0	0	76.03
76.04 03952 PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05 03953 DIABETES	53,678	2,652,273	0.020238	0	0	76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	120,220	7,296,056	0.016477	179,716	2,961	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	299,084	292,754	1.021622	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00 09100 EMERGENCY	971,843	91,221,380	0.010654	106,593	1,136	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	257,185	0.000000	0	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	281,451	468,964	0.600155	0	0	92.01
93.00 04951 INFUSION	114,497	60,222,746	0.001901	0	0	93.00
93.01 04950 COMMUNITY HEALTH CENTERS	971,154	8,608,126	0.112818	0	0	93.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	17,106,153	1,148,027,680		16,650,224	419,542	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0186

Period:

Worksheet D

Component CCN:14-T186

From 01/01/2019

Part IV

To 12/31/2019

Date/Time Prepared:

7/23/2020 3:51 pm

Cost Center Description		Title XVIII		Subprovider - IR#		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404 ULTRASOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.01	03955 RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00	03956 CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03950 OP PSY/CDU	0	0	0	0	0	76.01
76.02	03957 RIMMS	0	0	0	0	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952 PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953 DIABETES	0	0	0	0	0	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951 INFUSION	0	0	0	0	0	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 7/23/2020 3:51 pm	
					Component CCN:14-T186			
					Title XVIII	Subprovider - IR#	PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	147,447,560	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	14,348,718	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,093,153	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	123,465,477	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	9,583,567	0.000000	54.01
54.02	05404	ULTRASOUND	0	0	0	18,178,792	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	86,175,397	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	102,914,984	0.000000	57.00
58.00	05800	MRI	0	0	0	23,739,473	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	90,286,597	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	151,039,500	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	846,100	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	22,505,098	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	37,451,673	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	32,067,345	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,159,859	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,772,147	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	58,855,947	0.000000	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	1,396,766	0.000000	75.01
76.00	03956	CARDIAC REHAB	0	0	0	1,925,579	0.000000	76.00
76.01	03950	OP PSY/CDU	0	0	0	5,016,130	0.000000	76.01
76.02	03957	RIMMS	0	0	0	1,738,334	0.000000	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0.000000	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0.000000	76.04
76.05	03953	DIABETES	0	0	0	2,652,273	0.000000	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	7,296,056	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	292,754	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
91.00	09100	EMERGENCY	0	0	0	91,221,380	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	257,185	0.000000	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	468,964	0.000000	92.01
93.00	04951	INFUSION	0	0	0	60,222,746	0.000000	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	8,608,126	0.000000	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	1,148,027,680		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 7/23/2020 3:51 pm		
				Component CCN:14-T186				
				Title XVIII	Subprovider - IR#	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	344,059	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	37,632	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	226,559	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	38,623	0	0	0	54.01
54.02	05404	ULTRASOUND	0.000000	176,081	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	670,131	0	0	0	57.00
58.00	05800	MRI	0.000000	170,896	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	16,330	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	1,600,028	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	16,476	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	710,756	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	9,842,547	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	145,341	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	660	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	2,246,186	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0.000000	96,612	0	0	0	75.01
76.00	03956	CARDIAC REHAB	0.000000	24,998	0	0	0	76.00
76.01	03950	OP PSY/CDU	0.000000	0	0	0	0	76.01
76.02	03957	RIMMS	0.000000	0	0	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0.000000	0	0	0	0	76.04
76.05	03953	DIABETES	0.000000	0	0	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	179,716	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
91.00	09100	EMERGENCY	0.000000	106,593	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04951	INFUSION	0.000000	0	0	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.000000	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		16,650,224	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/23/2020 3:51 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)			45,900	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			45,900	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)			42,905	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			16,273	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)			34,741,658	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)			34,741,658	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)			34,741,658	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)			756.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			12,317,034	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)			12,317,034	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/23/2020 3:51 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	9,267,413	3,725	2,487.90	1,627	4,047,813	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					27,779,620	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					44,144,467	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 II)					1,078,770	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,227,086	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,305,856	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					29,838,611	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)					2,995	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					756.90	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,266,916	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0186

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

Worksheet D-1

Date/Time Prepared:
7/23/2020 3:51 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	4,470,465	34,741,658	0.128677	2,266,916	291,700
91.00	Nursing School cost	0	34,741,658	0.000000	2,266,916	0
92.00	Allied health cost	279,735	34,741,658	0.008052	2,266,916	18,253
93.00	All other Medical Education	0	34,741,658	0.000000	2,266,916	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1
		Component CCN:14-S186		Date/Time Prepared: 7/23/2020 3:51 pm
		Title XVIII	Subprovider - IP#	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)		2,881	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,881	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)		2,881	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,853	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)		2,222,628	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)		2,222,628	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 27,222,628 minus line 36)		2,222,628	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)		771.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,429,552	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,429,552	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0186 Component CCN:14-S186	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/23/2020 3:51 pm
			Title XVIII	Subprovider - IP#	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 + col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT	0	0	0.00	0	0
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					504,865
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,934,417
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					43,508
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					50,694
52.00 Total Program excludable cost (sum of lines 50 and 51)					94,202
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,840,215
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0186

Period:

Worksheet D-1

Component CCN:14-S186

From 01/01/2019
To 12/31/2019Date/Time Prepared:
7/23/2020 3:51 pm

Title XVIII		Subprovider - IP#		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	67,633	2,222,628	0.030429	0	0 90.00
91.00 Nursing School cost	0	2,222,628	0.000000	0	0 91.00
92.00 Allied health cost	0	2,222,628	0.000000	0	0 92.00
93.00 All other Medical Education	0	2,222,628	0.000000	0	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0186 Component CCN:14-T186	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/23/2020 3:51 pm
Cost Center Description		Title XVIII	Subprovider - IR#	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,380	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,380	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)		8,380	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		6,614	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		6,922,562	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		6,922,562	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,922,562	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)		826.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,463,693	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)		5,463,693	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0186 Component CCN:14-T186	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/23/2020 3:51 pm
			Title XVIII	Subprovider - IR#	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 + col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT	0	0	0.00	0	0
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,168,281
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					9,631,974
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					902,267
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					419,542
52.00 Total Program excludable cost (sum of lines 50 and 51)					921,809
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					8,710,165
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0186

Period:

Worksheet D-1

Component CCN:14-T186

From 01/01/2019
To 12/31/2019Date/Time Prepared:
7/23/2020 3:51 pm

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	636,350	6,922,562	0.091924	0	0	90.00
91.00	Nursing School cost	0	6,922,562	0.000000	0	0	91.00
92.00	Allied health cost	0	6,922,562	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,922,562	0.000000	0	0	93.00

Health Financial Systems		RIVERSIDE MEDICAL CENTER		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 7/23/2020 3:51 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		16,761,017	30.00
31.00	03100	INTENSIVE CARE UNIT		6,847,347	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.148198	32,288,224	50.00
51.00	05100	RECOVERY ROOM	0.278339	1,868,769	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.587689	29,783	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.128100	5,802,873	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.124365	971,608	54.01
54.02	05404	ULTRASOUND	0.118286	2,099,035	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.077061	456,645	55.00
57.00	05700	CT SCAN	0.036637	17,494,537	57.00
58.00	05800	MRI	0.060956	3,179,988	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.146157	17,500,256	59.00
60.00	06000	LABORATORY	0.103527	20,828,331	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
64.00	06400	INTRAVENOUS THERAPY	5.788674	309,639	64.00
65.00	06500	RESPIRATORY THERAPY	0.183715	7,933,538	65.00
66.00	06600	PHYSICAL THERAPY	0.260304	3,451,381	66.00
69.00	06900	ELECTROCARDIOLOGY	0.128496	4,699,190	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.255335	2,383,293	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.442449	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.403864	19,637,247	73.00
75.01	03955	RENAL DIALYSIS (IP)	0.687815	744,960	75.01
76.00	03956	CARDIAC REHAB	0.575087	197,043	76.00
76.01	03950	OP PSY/CDU	0.588665	408	76.01
76.02	03957	RIMMS	1.096816	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000	0	76.03
76.04	03952	PAIN CLINIC	0.000000	0	76.04
76.05	03953	DIABETES	0.758778	196	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.225678	727,612	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
91.00	09100	EMERGENCY	0.129221	12,167,234	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8.814340	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	3.942708	17,960	92.01
93.00	04951	INFUSION	0.039458	146,241	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.146990	0	93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		154,935,991	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)		154,935,991	202.00

Health Financial Systems			RIVERSIDE MEDICAL CENTER		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0186	Period: From 01/01/2019	Worksheet D-3	
			Component CCN:14-S186	To 12/31/2019	Date/Time Prepared: 7/23/2020 3:51 pm	
			Title XVIII	Subprovider - IPF	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
40.00	04000	SUBPROVIDER - IPF		2,316,250		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.148198	2,838	421	50.00
51.00	05100	RECOVERY ROOM	0.278339	586	163	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.587689	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.128100	27,066	3,467	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.124365	4,897	609	54.01
54.02	05404	ULTRASOUND	0.118286	12,228	1,446	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.077061	0	0	55.00
57.00	05700	CT SCAN	0.036637	203,648	7,461	57.00
58.00	05800	MRI	0.060956	17,853	1,088	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.146157	0	0	59.00
60.00	06000	LABORATORY	0.103527	600,318	62,149	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	5.788674	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.183715	56,680	10,413	65.00
66.00	06600	PHYSICAL THERAPY	0.260304	60,197	15,670	66.00
69.00	06900	ELECTROCARDIOLOGY	0.128496	51,203	6,579	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.255335	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.442449	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.403864	343,925	138,899	73.00
75.01	03955	RENAL DIALYSIS (IP)	0.687815	2,328	1,601	75.01
76.00	03956	CARDIAC REHAB	0.575087	0	0	76.00
76.01	03950	OP PSY/CDU	0.588665	3,940	2,319	76.01
76.02	03957	RIMMS	1.096816	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000	0	0	76.03
76.04	03952	PAIN CLINIC	0.000000	0	0	76.04
76.05	03953	DIABETES	0.758778	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.225678	28,562	6,446	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
91.00	09100	EMERGENCY	0.129221	268,702	34,722	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8.814340	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	3.942708	53,621	211,412	92.01
93.00	04951	INFUSION	0.039458	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.146990	0	0	93.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,738,592	504,865	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)		1,738,592		202.00

Health Financial Systems		RIVERSIDE MEDICAL CENTER		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0186	Period: From 01/01/2019	Worksheet D-3
			Component CCN:14-T186	To 12/31/2019	Date/Time Prepared: 7/23/2020 3:51 pm
			Title XVIII	Subprovider - IRF	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		6,539,822	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.148198	344,059	50,989 50.00
51.00	05100	RECOVERY ROOM	0.278339	37,632	10,474 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.587689	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.128100	226,559	29,022 54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.124365	38,623	4,803 54.01
54.02	05404	ULTRASOUND	0.118286	176,081	20,828 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.077061	0	0 55.00
57.00	05700	CT SCAN	0.036637	670,131	24,552 57.00
58.00	05800	MRI	0.060956	170,896	10,417 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.146157	16,330	2,387 59.00
60.00	06000	LABORATORY	0.103527	1,600,028	165,646 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0 62.00
64.00	06400	INTRAVENOUS THERAPY	5.788674	16,476	95,374 64.00
65.00	06500	RESPIRATORY THERAPY	0.183715	710,756	130,577 65.00
66.00	06600	PHYSICAL THERAPY	0.260304	9,842,547	2,562,054 66.00
69.00	06900	ELECTROCARDIOLOGY	0.128496	145,341	18,676 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.255335	660	169 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.442449	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.403864	2,246,186	907,154 73.00
75.01	03955	RENAL DIALYSIS (IP)	0.687815	96,612	66,451 75.01
76.00	03956	CARDIAC REHAB	0.575087	24,998	14,376 76.00
76.01	03950	OP PSY/CDU	0.588665	0	0 76.01
76.02	03957	RIMMS	1.096816	0	0 76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000	0	0 76.03
76.04	03952	PAIN CLINIC	0.000000	0	0 76.04
76.05	03953	DIABETES	0.758778	0	0 76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.225678	179,716	40,558 76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
91.00	09100	EMERGENCY	0.129221	106,593	13,774 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8.814340	0	0 92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	3.942708	0	0 92.01
93.00	04951	INFUSION	0.039458	0	0 93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.146990	0	0 93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		16,650,224	4,168,281 200.00
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)		16,650,224	4,168,281 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/23/2020 3:51 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)	32,445,820		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	578,800		1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0		1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)	0		1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount	0		2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0		2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)	152,434		2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	24,583		2.04
3.00	Managed Care Simulated Payments	11,482,613		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	247.79		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)	0.00		5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	18.42		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00		7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	1.00		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)	19.42		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	21.14		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)	19.42		12.00
13.00	Total allowable FTE count for the prior year.	19.42		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.	19.42		14.00
15.00	Sum of lines 12 through 14 divided by 3.	19.42		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	19.42		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.078373		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.067670		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.067670		21.00
22.00	IME payment adjustment (see instructions)	1,560,933		22.00
22.01	IME payment adjustment - Managed Care (see instructions)	416,589		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)	1.72		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)	0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0		28.01
29.00	Total IME payment (sum of lines 22 and 28)	1,560,933		29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	416,589		29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	4.47		30.00
31.00	Percentage of Medicaid patient days (see instructions)	28.73		31.00
32.00	Sum of lines 30 and 31	33.20		32.00
33.00	Allowable disproportionate share percentage (see instructions)	16.61		33.00
34.00	Disproportionate share adjustment (see instructions)	1,786,598		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/23/2020 3:51 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	8,272,872,447	8,350,599,096	35.00
35.01	Factor 3 (see instructions)	0.000274317	0.000202956	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,269,393	1,694,803	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,697,381	426,016	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,123,397		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)	652,	0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	48,672,565		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)		49,089,154	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,902,049	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).		601,861	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		24,925	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).		111,240	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)		53,729,229	59.00
60.00	Primary payer payments		56,479	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		53,672,750	61.00
62.00	Deductibles billed to program beneficiaries		3,939,876	62.00
63.00	Coinsurance billed to program beneficiaries		63,426	63.00
64.00	Allowable bad debts (see instructions)		1,147,100	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		745,615	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		765,489	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		50,415,063	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		167,040	70.93
70.94	HRR adjustment amount (see instructions)		-198,924	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/23/2020 3:51 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		50,383,179	71.00
71.01	Sequestration adjustment (see instructions)		1,007,664	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		49,336,277	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		39,238	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		5,453,000	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/23/2020 3:51 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	32,445,820	0	32,445,820		32,445,820
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,578,800	0		43,024,620	43,024,620
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	152,434	0	0		0
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	24,583	0		177,017	177,017
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	11,482,613	0	0	11,482,613	11,482,613
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.067670	0.067670	0.067670	0.067670	
6.00	IME payment adjustment (see instructions)	22.00	1,560,933	0	1,177,134	383,799	1,560,933
6.01	IME payment adjustment for managed care (see instructions)	22.01	416,589	0	0	416,589	416,589
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,560,933	0	1,177,134	383,799	1,560,933
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	416,589	0	0	416,589	416,589
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1661	0.1661	0.1661	0.1661	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,786,598	0	1,347,313	439,285	1,786,598
11.01	Uncompensated care payments	36.00	2,123,397	0	1,692,727	572,012	2,264,739
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	48,672,565	0	36,662,994	12,009,571	48,672,565
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	49,089,154	0	36,662,994	12,426,160	49,089,154
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,902,049	0	2,918,519	983,530	3,902,049
17.00	Special add-on payments for new technologies	54.00	24,925	0	0	24,925	24,925
17.01	Net organ acquisition cost						

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/23/2020 3:51 pm

				Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
		0	1.00	2.00	3.00	4.00	5.00		
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00	
19.00	SUBTOTAL			0	39,581,513	13,434,615	53,016,128	19.00	
		W/S L, line	(Amounts from L)						
		0	1.00	2.00	3.00	4.00	5.00		
20.00	Capital DRG other than outlier	1.00	3,483,789	0	2,605,683	878,106	3,483,789	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	25,637	0	19,175	6,462	25,637	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0432	0.0432	0.0432	0.0432		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	150,500	0	112,566	37,934	150,500	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0695	0.0695	0.0695	0.0695		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	242,123	0	181,095	61,028	242,123	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	3,902,049	0	2,918,519	983,530	3,902,049	26.00	
		W/S E, Part A line	(Amounts to E, Part A)						
		0	1.00	2.00	3.00	4.00	5.00		
27.00	Low volume adjustment factor				0.000000	0.000000		27.00	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00	
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00	
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/23/2020 3:51 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	32,445,820	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,578,800		43,024,620	43,024,620	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	152,434	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	24,583		177,017	177,017	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	11,482,613	0	11,482,613	11,482,613	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.067670	0.067670	0.067670		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,560,933	0	1,560,933	1,560,933	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	416,589	0	416,589	416,589	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,560,933	0	1,560,933	1,560,933	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	416,589	0	416,589	416,589	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1661	0.1661	0.1661		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,786,598	0	1,786,598	1,786,598	11.00
11.01	Uncompensated care payments	36.00	2,123,397	1,692,727	572,012	2,264,739	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	48,672,565	1,692,727	46,979,838	48,672,565	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	49,089,154	1,692,727	47,396,427	49,089,154	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,902,049	2,918,519	983,530	3,902,049	16.00
17.00	Special add-on payments for new technologies	54.00	24,925	0	24,925	24,925	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			4,611,246	48,404,882	53,016,128	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/23/2020 3:51 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,483,789	2,605,683	878,106	3,483,789	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	25,637	19,175	6,462	25,637	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	0.0432	0.0432	0.0432		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	150,500	112,566	37,934	150,500	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0695	0.0695	0.0695		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	242,123	181,095	61,028	242,123	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,902,049	2,918,519	983,530	3,902,049	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	167,040	0	167,040	167,040	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	-198,924	0	-198,924	-198,924	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

Health Financial Systems		RIVERSIDE MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 7/23/2020 3:51 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			714	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			34,602,869	2.00
3.00	OPPS payments			43,131,591	3.00
4.00	Outlier payment (see instructions)			46,003	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)			714	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			8,039	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)			8,039	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)			8,039	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			7,325	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)			714	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)			43,177,594	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)			7,438,249	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)			35,740,059	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			374,428	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)			36,114,487	30.00
31.00	Primary payer payments			6,571	31.00
32.00	Subtotal (line 30 minus line 31)			36,107,916	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0	33.00
34.00	Allowable bad debts (see instructions)			1,192,226	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			774,947	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			829,860	36.00
37.00	Subtotal (see instructions)			36,882,863	37.00
38.00	MSP-LCC reconciliation amount from PS&R			-826	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)			36,883,689	40.00
40.01	Sequestration adjustment (see instructions)			737,674	40.01
40.02	Demonstration payment adjustment amount after sequestration			0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			0	40.03
41.00	Interim payments			36,147,834	41.00
41.01	Interim payments-PARHM			0	41.01
42.00	Tentative settlement (for contractors use only)			0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			0	42.01
43.00	Balance due provider/program (see instructions)			-1,819	43.00
43.01	Balance due provider/program-PARHM (see instructions)			0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			803,203	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:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 7/23/2020 3:51 pm
		Component CCN:14-S186		
		Title XVIII	Subprovider - IP#	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)		319	2.00
3.00	OPPS payments		158	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)		158	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)		32	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)		126	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)		126	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		126	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)		126	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	39.50
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)		126	40.00
40.01	Sequestration adjustment (see instructions)		3	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03	40.03
41.00	Interim payments		124	41.00
41.01	Interim payments-PARHM		41.01	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01	42.01
43.00	Balance due provider/program (see instructions)		-1	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
7/23/2020 3:51 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		49,456,186		36,046,523	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	08/28/2019	101,311	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	08/28/2019	119,909		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)		-119,909		101,311	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)		49,336,277		36,147,834	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		39,238		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		1,819	6.02	
7.00	Total Medicare program liability (see instructions)		49,375,515		36,146,015	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:14-0186

Period:

Worksheet E-1

Component CCN:14-S186

From 01/01/2019

Part I

To 12/31/2019

Date/Time Prepared:

7/23/2020 3:51 pm

		Title XVIII		Subprovider - IP#		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		1,515,061		124	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)		1,515,061		124	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		37,781		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		1	6.02	
7.00	Total Medicare program liability (see instructions)		1,552,842		123	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:14-0186

Period:

Worksheet E-1

Component CCN:14-T186

From 01/01/2019

Part I

To 12/31/2019

Date/Time Prepared:

7/23/2020 3:51 pm

Title XVIII

Subprovider - IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		11,502,973		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	08/28/2019	39,358		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)		-39,358		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)		11,463,615		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		24,687		0	6.02
7.00	Total Medicare program liability (see instructions)		11,438,928		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:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part II
Date/Time Prepared:
7/23/2020 3:51 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:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part II Date/Time Prepared: 7/23/2020 3:51 pm
		Component CCN:14-S186		
		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)		1,697,734	1.00
2.00	Net IPF PPS Outlier Payments		5,671	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		7.893151	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,703,405	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,703,405	16.00
17.00	Primary payer payments		2,716	17.00
18.00	Subtotal (line 16 less line 17).		1,700,689	18.00
19.00	Deductibles		147,192	19.00
20.00	Subtotal (line 18 minus line 19)		1,553,497	20.00
21.00	Coinsurance		7,502	21.00
22.00	Subtotal (line 20 minus line 21)		1,545,995	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		59,289	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		38,538	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		36,121	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,584,533	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,584,533	31.00
31.01	Sequestration adjustment (see instructions)		31,691	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		1,515,061	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		37,781	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,522	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		5,671	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part III Date/Time Prepared: 7/23/2020 3:51 pm
		Component CCN:14-T186		
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		11,425,745	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0192	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		229,657	3.00
4.00	Outlier Payments		177,040	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		22.958904	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		11,832,442	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		11,832,442	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		11,832,442	19.00
20.00	Deductibles		148,628	20.00
21.00	Subtotal (line 19 minus line 20)		11,683,814	21.00
22.00	Coinsurance		28,967	22.00
23.00	Subtotal (line 21 minus line 22)		11,654,847	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		26,968	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		17,529	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		20,429	26.00
27.00	Subtotal (sum of lines 23 and 25)		11,672,376	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Demonstration payment adjustment amount before sequestration		0	31.99
32.00	Total amount payable to the provider (see instructions)		11,672,376	32.00
32.01	Sequestration adjustment (see instructions)		233,448	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		11,463,615	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)		-24,687	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,992	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		177,040	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

Health Financial Systems		RIVERSIDE MEDICAL CENTER		In Lieu of Form CMS-2552-10	
DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 7/23/2020 3:51 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.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			18.42	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			1.00	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)			19.42	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			21.14	6.00
7.00	Enter the lesser of line 5 or line 6			19.42	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.	14.47	4.33	18.80	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	13.29	3.98	17.27	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	13.29	3.98		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	13.03	4.13		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	12.50	4.46		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	12.94	4.19		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	12.94	4.19		17.00
18.00	Per resident amount	106,544.70	106,544.70		18.00
19.00	Approved amount for resident costs	1,378,688	446,422	1,825,110	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			1.72	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,825,110	25.00
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	26,367	5,315		26.00
27.00	Total Inpatient Days (see instructions)	58,532	58,532		27.00
28.00	Ratio of inpatient days to total inpatient days	0.450472	0.090805		28.00
29.00	Program direct GME amount	822,161	165,729	987,890	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		11,601	11,601	30.00
31.00	Net Program direct GME amount			976,289	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 7/23/2020 3:51 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			55,710,858	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)			59,195	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			55,651,663	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			34,628,465	42.00
43.00	Primary payer payments (see instructions)			6,571	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			34,621,894	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			90,273,557	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.616478	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.383522	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			976,289	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			601,861	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			374,428	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet G Date/Time Prepared: 7/23/2020 3:51 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	61,221,480	0	0	0
2.00	Temporary investments	0	0	0	0
3.00	Notes receivable	0	0	0	0
4.00	Accounts receivable	36,803,939	0	0	0
5.00	Other receivable	1,683,209	0	0	0
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0
7.00	Inventory	7,374,738	0	0	0
8.00	Prepaid expenses	8,184,233	0	0	0
9.00	Other current assets	29,190,326	0	0	0
10.00	Due from other funds	0	0	0	0
11.00	Total current assets (sum of lines 1-10)	144,457,925	0	0	0
FIXED ASSETS					
12.00	Land	8,108,094	0	0	0
13.00	Land improvements	3,803,535	0	0	0
14.00	Accumulated depreciation	-1,688,288	0	0	0
15.00	Buildings	259,178,282	0	0	0
16.00	Accumulated depreciation	-124,063,806	0	0	0
17.00	Leasehold improvements	19,881,494	0	0	0
18.00	Accumulated depreciation	0	0	0	0
19.00	Fixed equipment	0	0	0	0
20.00	Accumulated depreciation	0	0	0	0
21.00	Automobiles and trucks	0	0	0	0
22.00	Accumulated depreciation	0	0	0	0
23.00	Major movable equipment	176,294,741	0	0	0
24.00	Accumulated depreciation	-101,153,536	0	0	0
25.00	Minor equipment depreciable	0	0	0	0
26.00	Accumulated depreciation	0	0	0	0
27.00	HIT designated Assets	0	0	0	0
28.00	Accumulated depreciation	0	0	0	0
29.00	Minor equipment-nondepreciable	0	0	0	0
30.00	Total fixed assets (sum of lines 12-29)	240,360,516	0	0	0
OTHER ASSETS					
31.00	Investments	285,526,643	0	0	0
32.00	Deposits on leases	0	0	0	0
33.00	Due from owners/officers	0	0	0	0
34.00	Other assets	10,374,467	0	0	0
35.00	Total other assets (sum of lines 31-34)	295,901,110	0	0	0
36.00	Total assets (sum of lines 11, 30, and 35)	680,719,551	0	0	0
CURRENT LIABILITIES					
37.00	Accounts payable	4,281,769	0	0	0
38.00	Salaries, wages, and fees payable	33,281,528	0	0	0
39.00	Payroll taxes payable	0	0	0	0
40.00	Notes and loans payable (short term)	4,792,468	0	0	0
41.00	Deferred income	0	0	0	0
42.00	Accelerated payments	0	0	0	0
43.00	Due to other funds	0	0	0	0
44.00	Other current liabilities	28,950,401	0	0	0
45.00	Total current liabilities (sum of lines 37 thru 44)	71,306,166	0	0	0
LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0
47.00	Notes payable	100,468,307	0	0	0
48.00	Unsecured loans	0	0	0	0
49.00	Other long term liabilities	30,756,839	0	0	0
50.00	Total long term liabilities (sum of lines 46 thru 49)	131,225,146	0	0	0
51.00	Total liabilities (sum of lines 45 and 50)	202,531,312	0	0	0
CAPITAL ACCOUNTS					
52.00	General fund balance	478,188,239	0	0	0
53.00	Specific purpose fund	0	0	0	0
54.00	Donor created - endowment fund balance - restricted	0	0	0	0
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0
56.00	Governing body created - endowment fund balance	0	0	0	0
57.00	Plant fund balance - invested in plant	0	0	0	0
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0
59.00	Total fund balances (sum of lines 52 thru 58)	478,188,239	0	0	0
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	680,719,551	0	0	0

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN:14-0186

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

Worksheet G-1

Date/Time Prepared:
7/23/2020 3:51 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		426,284,988		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		54,081,628				2.00
3.00	Total (sum of line 1 and line 2)		480,366,616		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		480,366,616		0		11.00
12.00	DECREASE IN NET ASSETS WITHOUT RESTR	2,178,377		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		2,178,377		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		478,188,239		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	DECREASE IN NET ASSETS WITHOUT RESTR		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN:14-0186

Period:
From 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
7/23/2020 3:51 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	63,870,899		63,870,899	1.00
2.00	SUBPROVIDER - IPF	3,610,582		3,610,582	2.00
3.00	SUBPROVIDER - IRF	7,628,858		7,628,858	3.00
4.00	SUBPROVIDER	0		0	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)	75,110,339		75,110,339	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	30,870,001		30,870,001	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	30,870,001		30,870,001	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	105,980,340		105,980,340	17.00
18.00	Ancillary services	319,761,695	669,619,535	989,381,230	18.00
19.00	Outpatient services	27,063,539	133,714,862	160,778,401	19.00
20.00	RURAL HEALTH CLINIC	0	292,754	292,754	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		5,206,636	5,206,636	22.00
23.00	AMBULANCE SERVICES	158,818	10,207,730	10,366,548	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	94,748,529	94,748,529	27.00
27.01	JOINT VENTURE REVENUE	0	12,799,641	12,799,641	27.01
27.02	CARE-A-VAN	0	34,543	34,543	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. line 1)	352,964,392	926,624,230	1,379,588,622	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		363,652,108		29.00
30.00	MISCELLANEOUS	2,946,787			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		2,946,787		36.00
37.00	ROUNDING	8			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)		8		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		366,598,887		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN:14-0186

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

Worksheet G-3

Date/Time Prepared:
7/23/2020 3:51 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,379,588,622	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,005,245,497	2.00
3.00	Net patient revenues (line 1 minus line 2)	374,343,125	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	366,598,887	4.00
5.00	Net income from service to patients (line 3 minus line 4)	7,744,238	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	4,245,367	24.00
24.01	NON OPERATING INCOME	38,360,565	24.01
24.02	NET ASSETS RELEASED FROM RESTRICTION	3,731,463	24.02
25.00	Total other income (sum of lines 6-24)	46,337,395	25.00
26.00	Total (line 5 plus line 25)	54,081,633	26.00
27.00	ROUNDING	5	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	5	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	54,081,628	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS	Provider CCN:14-0186 HHA CCN: 14-7400	Period: From 01/01/2019 To 12/31/2019	Worksheet H Date/Time Prepared: 7/23/2020 3:51 pm
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		Home Health Agency I	PPS
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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00 Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00 Capital Related - Movable Equipment			0		0	0	2.00
3.00 Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00 Transportation	0	0	0	0	0	0	4.00
5.00 Administrative and General	1,358,288	0	0	0	207,591	1,565,879	5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	1,127,617	0	0	0	0	1,127,617	6.00
7.00 Physical Therapy	941,043	0	0	0	0	941,043	7.00
8.00 Occupational Therapy	145,939	0	0	0	0	145,939	8.00
9.00 Speech Pathology	14,798	0	0	0	0	14,798	9.00
10.00 Medical Social Services	63,162	0	0	0	0	63,162	10.00
11.00 Home Health Aide	20,589	0	0	0	0	20,589	11.00
12.00 Supplies (see instructions)	0	0	0	0	96,638	96,638	12.00
13.00 Drugs	0	0	0	0	959	959	13.00
14.00 DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00 Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00 Respiratory Therapy	0	0	0	0	0	0	16.00
17.00 Private Duty Nursing	0	0	0	0	0	0	17.00
18.00 Clinic	0	0	0	0	0	0	18.00
19.00 Health Promotion Activities	0	0	0	0	0	0	19.00
20.00 Day Care Program	0	0	0	0	0	0	20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00 Homemaker Service	0	0	0	0	0	0	22.00
23.00 All Others (specify)	0	0	0	0	0	0	23.00
23.50 Telemedicine	0	0	0	0	0	0	23.50
24.00 Total (sum of lines 1-23)	3,671,436	0	0	0	305,188	3,976,624	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	21,717	1,587,596	0	1,587,596			5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	18,028	1,145,645	0	1,145,645			6.00
7.00 Physical Therapy	15,046	956,089	0	956,089			7.00
8.00 Occupational Therapy	2,333	148,272	0	148,272			8.00
9.00 Speech Pathology	237	15,035	0	15,035			9.00
10.00 Medical Social Services	1,010	64,172	0	64,172			10.00
11.00 Home Health Aide	329	20,918	0	20,918			11.00
12.00 Supplies (see instructions)	0	96,638	0	96,638			12.00
13.00 Drugs	0	959	0	959			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)	58,700	4,035,324	0	4,035,324			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:14-0186

Period:

Worksheet H-1

HHA CCN: 14-7400

From 01/01/2019

Part I

To 12/31/2019

Date/Time Prepared:

Home Health

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	1,587,596	0	0	0	0	1,587,596	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,145,645	0	0	0	0	1,145,645	6.00
7.00	Physical Therapy	956,089	0	0	0	0	956,089	7.00
8.00	Occupational Therapy	148,272	0	0	0	0	148,272	8.00
9.00	Speech Pathology	15,035	0	0	0	0	15,035	9.00
10.00	Medical Social Services	64,172	0	0	0	0	64,172	10.00
11.00	Home Health Aide	20,918	0	0	0	0	20,918	11.00
12.00	Supplies (see instructions)	96,638	0	0	0	0	96,638	12.00
13.00	Drugs	959	0	0	0	0	959	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,035,324	0	0	0	0	4,035,324	24.00
		Administrative	Total (cols. 4A					
		& General	+ 5)					
		5.00	6.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	1,587,596						5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	743,066	1,888,711					6.00
7.00	Physical Therapy	620,119	1,576,208					7.00
8.00	Occupational Therapy	96,169	244,441					8.00
9.00	Speech Pathology	9,752	24,787					9.00
10.00	Medical Social Services	41,622	105,794					10.00
11.00	Home Health Aide	13,567	34,485					11.00
12.00	Supplies (see instructions)	62,679	159,317					12.00
13.00	Drugs	622	1,581					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)		4,035,324					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN:14-0186

Period:

Worksheet H-1

HHA CCN: 14-7400

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
7/23/2020 3:51 pmHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	344	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	344	0	-1,587,596	2,447,728 5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	1,145,645	6.00
7.00	Physical Therapy	0	0	0	0	956,089	7.00
8.00	Occupational Therapy	0	0	0	0	148,272	8.00
9.00	Speech Pathology	0	0	0	0	15,035	9.00
10.00	Medical Social Services	0	0	0	0	64,172	10.00
11.00	Home Health Aide	0	0	0	0	20,918	11.00
12.00	Supplies (see instructions)	0	0	0	0	96,638	12.00
13.00	Drugs	0	0	0	0	959	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	344	0	-1,587,596	2,447,728 24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	1,587,596	1,587,596 25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.648600	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN:14-0186

Period:

Worksheet H-2

HHA CCN: 14-7400

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
7/23/2020 3:51 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	5.01	5.02	
1.00	Administrative and General	0	91,090	9,249	896,135	32,563	515,579	1.00
2.00	Skilled Nursing Care	1,888,711	0	0	0	0	0	2.00
3.00	Physical Therapy	1,576,208	0	0	0	0	0	3.00
4.00	Occupational Therapy	244,441	0	0	0	0	0	4.00
5.00	Speech Pathology	24,787	0	0	0	0	0	5.00
6.00	Medical Social Services	105,794	0	0	0	0	0	6.00
7.00	Home Health Aide	34,485	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	159,317	0	0	0	0	0	8.00
9.00	Drugs	1,581	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)	4,035,324	91,090	9,249	896,135	32,563	515,579	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		PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.03	5.05	5A.05	5.06	6.00	7.00	
1.00	Administrative and General	9,963	49,817	1,604,396	181,217	0	73,009	1.00
2.00	Skilled Nursing Care	0	0	1,888,711	213,328	0	0	2.00
3.00	Physical Therapy	0	0	1,576,208	178,033	0	0	3.00
4.00	Occupational Therapy	0	0	244,441	27,610	0	0	4.00
5.00	Speech Pathology	0	0	24,787	2,800	0	0	5.00
6.00	Medical Social Services	0	0	105,794	11,949	0	0	6.00
7.00	Home Health Aide	0	0	34,485	3,895	0	0	7.00
8.00	Supplies (see instructions)	0	0	159,317	17,995	0	0	8.00
9.00	Drugs	0	0	1,581	179	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	9,963	49,817	5,639,720	637,006	0	73,009	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000				21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN:14-0186

Period:

Worksheet H-2

HHA CCN: 14-7400

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
7/23/2020 3:51 pmHome Health
Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	62,089	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	62,089	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
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	SERVICES-SALARIES & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	PARAMED EDUCATION PROGRAM	
		15.00	16.00	17.00	21.00	22.00	23.00	
1.00	Administrative and General	0	14,188	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	14,188	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:14-0186

Period:

Worksheet H-2

HHA CCN: 14-7400

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
7/23/2020 3:51 pmHome Health
Agency I

PPS

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	1,934,899	0	1,934,899				1.00
2.00	Skilled Nursing Care	2,102,039	0	2,102,039	905,620	3,007,659		2.00
3.00	Physical Therapy	1,754,241	0	1,754,241	755,776	2,510,017		3.00
4.00	Occupational Therapy	272,051	0	272,051	117,207	389,258		4.00
5.00	Speech Pathology	27,587	0	27,587	11,885	39,472		5.00
6.00	Medical Social Services	117,743	0	117,743	50,727	168,470		6.00
7.00	Home Health Aide	38,380	0	38,380	16,535	54,915		7.00
8.00	Supplies (see instructions)	177,312	0	177,312	76,391	253,703		8.00
9.00	Drugs	1,760	0	1,760	758	2,518		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	6,426,012	0	6,426,012	1,934,899	6,426,012		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.				0.430828			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:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet H-2 Part II Date/Time Prepared: 7/23/2020 3:51 pm		
				HHA CCN: 14-7400		Home Health Agency I	PPS	
Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ACTUAL BEN EFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)	PURCHASING (REQS)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00					
1.00	Administrative and General	2,848	8,996	591,134	19	35	126,670	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)	2,848	8,996	591,134	19	35	126,670	20.00
21.00	Total cost to be allocated	91,090	9,249	896,135	32,563	515,579	9,963	21.00
22.00	Unit cost multiplier	31.983848	1.028124	1.515959	1,713.842105	14,730.828571	0.078653	22.00
Cost Center Description		BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.05	5A.06	5.06	6.00	7.00	8.00	
1.00	Administrative and General	5,206,636	0	1,604,396	0	2,848	0	1.00
2.00	Skilled Nursing Care	0	0	1,888,711	0	0	0	2.00
3.00	Physical Therapy	0	0	1,576,208	0	0	0	3.00
4.00	Occupational Therapy	0	0	244,441	0	0	0	4.00
5.00	Speech Pathology	0	0	24,787	0	0	0	5.00
6.00	Medical Social Services	0	0	105,794	0	0	0	6.00
7.00	Home Health Aide	0	0	34,485	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	159,317	0	0	0	8.00
9.00	Drugs	0	0	1,581	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)	5,206,636	0	5,639,720	0	2,848	0	20.00
21.00	Total cost to be allocated	49,817	0	637,006	0	73,009	0	21.00
22.00	Unit cost multiplier	0.009568	0	0.112950	0.000000	25.635183	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS				Provider CCN:14-0186 HHA CCN: 14-7400		Period: From 01/01/2019 To 12/31/2019		Worksheet H-2 Part II Date/Time Prepared: 7/23/2020 3:51 pm	
						Home Health Agency I		PPS	
Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)		
		9.00	10.00	11.00	13.00	14.00	15.00		
1.00	Administrative and General	2,848	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)	2,848	0	0	0	0	0	20.00	
21.00	Total cost to be allocated	62,089	0	0	0	0	0	21.00	
22.00	Unit cost multiplier	21.800913	0.000000	0.000000	0.000000	0.000000	0.000000	22.00	
Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICES (TIME SPENT)	INTERNS & RESIDENTS		PARAMED EDUCATION PROGRAM (ASSIGNED TIME)			
				SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
				16.00	17.00				
1.00	Administrative and General	5,206,636	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)	5,206,636	0	0	0	0	0	20.00	
21.00	Total cost to be allocated	14,188	0	0	0	0	0	21.00	
22.00	Unit cost multiplier	0.002725	0.000000	0.000000	0.000000	0.000000	0.000000	22.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN:14-0186

Period:

Worksheet H-3

HHA CCN: 14-7400

From 01/01/2019

Part I

To 12/31/2019

Date/Time Prepared:

				Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2.00	3,007,659		3,007,659	12,897	233.21	1.00	
2.00	Physical Therapy	3.00	2,510,017	0	2,510,017	9,528	263.44	2.00	
3.00	Occupational Therapy	4.00	389,258	0	389,258	1,340	290.49	3.00	
4.00	Speech Pathology	5.00	39,472	0	39,472	191	206.66	4.00	
5.00	Medical Social Services	6.00	168,470		168,470	18	9,359.44	5.00	
6.00	Home Health Aide	7.00	54,915		54,915	863	63.63	6.00	
7.00	Total (sum of lines 1-6)		6,169,791	0	6,169,791	24,837		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		16580	0	53			8.00	
8.01	Skilled Nursing Care		16974	0	856			8.01	
8.02	Skilled Nursing Care		28100	0	6,697			8.02	
8.03	Skilled Nursing Care		99914	0	863			8.03	
9.00	Physical Therapy		16580	0	47			9.00	
9.01	Physical Therapy		16974	0	616			9.01	
9.02	Physical Therapy		28100	0	5,000			9.02	
9.03	Physical Therapy		99914	0	735			9.03	
10.00	Occupational Therapy		16580	0	1			10.00	
10.01	Occupational Therapy		16974	0	93			10.01	
10.02	Occupational Therapy		28100	0	714			10.02	
10.03	Occupational Therapy		99914	0	106			10.03	
11.00	Speech Pathology		16580	0	0			11.00	
11.01	Speech Pathology		16974	0	24			11.01	
11.02	Speech Pathology		28100	0	102			11.02	
11.03	Speech Pathology		99914	0	3			11.03	
12.00	Medical Social Services		16580	0	0			12.00	
12.01	Medical Social Services		16974	0	1			12.01	
12.02	Medical Social Services		28100	0	11			12.02	
12.03	Medical Social Services		99914	0	1			12.03	
13.00	Home Health Aide		16580	0	0			13.00	
13.01	Home Health Aide		16974	0	101			13.01	
13.02	Home Health Aide		28100	0	586			13.02	
13.03	Home Health Aide		99914	0	41			13.03	
14.00	Total (sum of lines 8-13)			0	16,651			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	253,703	0	253,703	0	0.000000	15.00	
16.00	Cost of Drugs	9.00	2,518	0	2,518	0	0.000000	16.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN:14-0186

Period:

Worksheet H-3

HHA CCN: 14-7400

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
7/23/2020 3:51 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Visits		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
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	8,469		0	1,975,055		1.00
2.00	Physical Therapy	0	6,398		0	1,685,489		2.00
3.00	Occupational Therapy	0	914		0	265,508		3.00
4.00	Speech Pathology	0	129		0	26,659		4.00
5.00	Medical Social Services	0	13		0	121,673		5.00
6.00	Home Health Aide	0	728		0	46,323		6.00
7.00	Total (sum of lines 1-6)	0	16,651		0	4,120,707		7.00
Cost Center Description								
		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges		Cost of Services				
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	85,972	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN:14-0186

Period:

Worksheet H-3

HHA CCN: 14-7400

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
7/23/2020 3:51 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Total Program Cost (sum of cols. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	1,975,055		1.00
2.00	Physical Therapy	1,685,489		2.00
3.00	Occupational Therapy	265,508		3.00
4.00	Speech Pathology	26,659		4.00
5.00	Medical Social Services	121,673		5.00
6.00	Home Health Aide	46,323		6.00
7.00	Total (sum of lines 1-6)	4,120,707		7.00
Cost Center Description				
		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN:14-0186

Period:

Worksheet H-3

HHA CCN: 14-7400

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
7/23/2020 3:51 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	0.260304	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy							2.00
3.00 Speech Pathology							3.00
4.00 Cost of Medical Supplies	71.00	0.255335	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.403864	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN:14-0186 HHA CCN: 14-7400	Period: From 01/01/2019 To 12/31/2019	Worksheet H-4 Part I-II Date/Time Prepared: 7/23/2020 3:51 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	47	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	47	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	47	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,980,179
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	126,333
13.00	Total PPS Reimbursement - LUPA Episodes		0	44,820
14.00	Total PPS Reimbursement - PEP Episodes		0	40,414
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	27,401
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	3,219,147
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	3,219,147
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	3,219,147
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	3,219,147
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS)		0	1
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	3,219,148
31.01	Sequestration adjustment (see instructions)		0	64,383
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	3,154,765
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED PROGRAM BENEFICIARIES		Provider CCN:14-0186 HHA CCN: 14-7400		Period: From 01/01/2019 To 12/31/2019		Worksheet H-5 Date/Time Prepared: 7/23/2020 3:51 pm	
				Home Health Agency I		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		0		3,154,765	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01			0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50			0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		3,154,765	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01			0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50			0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		0		3,154,765	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF CAPITAL PAYMENT		Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 7/23/2020 3:51 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,483,789	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		25,637	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)		129.51	3.00
4.00	Number of interns & residents (see instructions)		19.42	4.00
5.00	Indirect medical education percentage (see instructions)		4.32	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)		150,500	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.47	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		28.73	8.00
9.00	Sum of lines 7 and 8		33.20	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.95	10.00
11.00	Disproportionate share adjustment (see instructions)		242,123	11.00
12.00	Total prospective capital payments (see instructions)		3,902,049	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

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN:14-0186

Period:

Worksheet M-1

Component CCN:14-3976

From 01/01/2019
To 12/31/2019Date/Time Prepared:
7/23/2020 3:51 pm

		RHC I		Cost		
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassification	Reclassified Trial Balance (col. 3 + col. 4)
		1.00	2.00	3.00	4.00	5.00
FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	11,358	0	11,358	0	11,358
2.00	Physician Assistant	0	0	0	0	0
3.00	Nurse Practitioner	98,275	0	98,275	0	98,275
4.00	Visiting Nurse	0	0	0	0	0
5.00	Other Nurse	0	0	0	0	0
6.00	Clinical Psychologist	0	0	0	0	0
7.00	Clinical Social Worker	0	0	0	0	0
8.00	Laboratory Technician	0	0	0	0	0
9.00	Other Facility Health Care Staff Costs	58,110	0	58,110	1,291	59,401
10.00	Subtotal (sum of lines 1 through 9)	167,743	0	167,743	1,291	169,034
11.00	Physician Services Under Agreement	0	0	0	0	0
12.00	Physician Supervision Under Agreement	0	0	0	0	0
13.00	Other Costs Under Agreement	0	0	0	0	0
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0
15.00	Medical Supplies	0	2,046	2,046	0	2,046
16.00	Transportation (Health Care Staff)	0	0	0	0	0
17.00	Depreciation-Medical Equipment	0	0	0	0	0
18.00	Professional Liability Insurance	0	0	0	0	0
19.00	Other Health Care Costs	0	8,091	8,091	0	8,091
20.00	Allowable GME Costs	0	0	0	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	10,137	10,137	0	10,137
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	167,743	10,137	177,880	1,291	179,171
COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	0	0	0	0
24.00	Dental	0	0	0	0	0
25.00	Optometry	0	0	0	0	0
25.01	Telehealth	0	0	0	0	0
25.02	Chronic Care Management	0	0	0	0	0
26.00	All other nonreimbursable costs	0	0	0	0	0
27.00	Nonallowable GME costs	0	0	0	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0
FACILITY OVERHEAD						
29.00	Facility Costs	0	24,369	24,369	-18,169	6,200
30.00	Administrative Costs	0	28,508	28,508	5,036	33,544
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	52,877	52,877	-13,133	39,744
32.00	Total facility costs (sum of lines 22, 28 and 31)	167,743	63,014	230,757	-11,842	218,915

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN:14-0186

Period:

Worksheet M-1

Component CCN:14-3976

From 01/01/2019
To 12/31/2019Date/Time Prepared:
7/23/2020 3:51 pm

RHC I

Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	11,358	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	-98,275	0	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	0	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	59,401	9.00
10.00	Subtotal (sum of lines 1 through 9)	-98,275	70,759	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00	Medical Supplies	0	2,046	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	17.00
18.00	Professional Liability Insurance	0	0	18.00
19.00	Other Health Care Costs	0	8,091	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	10,137	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-98,275	80,896	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	0	0	25.01
25.02	Chronic Care Management	0	0	25.02
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	0	6,200	29.00
30.00	Administrative Costs	0	33,544	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	39,744	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-98,275	120,640	32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES				Provider CCN:14-0186 Component CCN:14-3976		Period: From 01/01/2019 To 12/31/2019		Worksheet M-2 Date/Time Prepared: 7/23/2020 3:51 pm	
				RHC I		Cost			
				Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
				1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY									
Positions									
1.00	Physician	0.00	0	4,200	0				1.00
2.00	Physician Assistant	0.00	0	2,100	0				2.00
3.00	Nurse Practitioner	0.81	1,517	2,100	1,701				3.00
4.00	Subtotal (sum of lines 1 through 3)	0.81	1,517		1,701			1,701	4.00
5.00	Visiting Nurse	0.00	0					0	5.00
6.00	Clinical Psychologist	0.00	0					0	6.00
7.00	Clinical Social Worker	0.00	0					0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0					0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0					0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	0.81	1,517					1,701	8.00
9.00	Physician Services Under Agreements		0					0	9.00
								1.00	
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES									
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)							80,896	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)							0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)							80,896	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)							1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)							39,744	14.00
15.00	Parent provider overhead allocated to facility (see instructions)							453,786	15.00
16.00	Total overhead (sum of lines 14 and 15)							493,530	16.00
17.00	Allowable GME overhead (see instructions)							0	17.00
18.00	Enter the amount from line 16							493,530	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)							493,530	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)							574,426	20.00

Health Financial Systems		RIVERSIDE MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN:14-0186	Period: From 01/01/2019 To 12/31/2019	Worksheet M-3	
		Component CCN:14-3976		Date/Time Prepared: 7/23/2020 3:51 pm	
		Title XVIII	RHC I	Cost	
				1.00	
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES					
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)		574,426	1.00	
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)		104,771	2.00	
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		469,655	3.00	
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		1,701	4.00	
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)		0	5.00	
6.00	Total adjusted visits (line 4 plus line 5)		1,701	6.00	
7.00	Adjusted cost per visit (line 3 divided by line 6)		276.11	7.00	
			Calculation of Limit (1)		
			Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)	
			1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)		83.45	84.70	8.00
9.00	Rate for Program covered visits (see instructions)		83.45	84.70	9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)	0	290	10.00	
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	24,563	11.00	
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00	
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00	
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00	
15.00	Graduate Medical Education Pass Through Cost (see instructions)			15.00	
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	24,563	16.00	
16.01	Total program charges (see instructions)(from contractor's records)		55,188	16.01	
16.02	Total program preventive charges (see instructions)(from provider's records)		9,574	16.02	
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		4,261	16.03	
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		12,528	16.04	
16.05	Total program cost (see instructions)	0	16,789	16.05	
17.00	Primary payer amounts		0	17.00	
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		4,642	18.00	
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		8,194	19.00	
20.00	Net Medicare cost excluding vaccines (see instructions)		16,789	20.00	
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		92,901	21.00	
22.00	Total reimbursable Program cost (line 20 plus line 21)		109,690	22.00	
23.00	Allowable bad debts (see instructions)		25	23.00	
23.01	Adjusted reimbursable bad debts (see instructions)		16	23.01	
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		13	24.00	
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00	
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	25.50	
25.99	Demonstration payment adjustment amount before sequestration		0	25.99	
26.00	Net reimbursable amount (see instructions)		109,706	26.00	
26.01	Sequestration adjustment (see instructions)		2,194	26.01	
26.02	Demonstration payment adjustment amount after sequestration		0	26.02	
27.00	Interim payments		15,967	27.00	
28.00	Tentative settlement (for contractor use only)		0	28.00	
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)		91,545	29.00	
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II chapter I, §115.2		0	30.00	

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN:14-0186 Component CCN:14-3976	Period: From 01/01/2019 To 12/31/2019	Worksheet M-4 Date/Time Prepared: 7/23/2020 3:51 pm	
		Title XVIII	RHC I	Cost	
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		70,759	70,759	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.001219	0.001500	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		86	106	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		11,924	2,639	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		12,010	2,745	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		80,896	80,896	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		493,530	493,530	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.148462	0.033932	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		73,270	16,746	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		85,280	19,491	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		78	96	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		1,093.33	203.03	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		69	86	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		75,440	17,461	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)			104,771	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)			92,901	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN:14-0186 Component CCN:14-3976	Period: From 01/01/2019 To 12/31/2019	Worksheet M-5 Date/Time Prepared: 7/23/2020 3:51 pm
		RHC I	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		15,967	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	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	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		15,967	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	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		91,545	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		107,512	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00