

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0258	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/27/2019 8:37 am
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically filed cost report 2. ☐ Manually submitted cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ALEXIAN BROTHERS MEDICAL CENTER (14-0258) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) HENRY ZEISEL
 Officer or Administrator of Provider(s)

CFO
Title

(Dated when report is electronically signed.)
Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	258,230	156,903	0	0	1.00
2.00	Subprovider - IPF	0	55,533	-4		0	2.00
3.00	Subprovider - IRF	0	284,092	-7		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	597,855	156,892	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 14-0258		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/27/2019 8:37 am			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 800 BIESTERFIELD ROAD			PO Box:				1.00				
2.00	City: ELK GROVE VILLAGE			State: IL		Zip Code: 60007-3397		County: COOK 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			ALEXIAN BROTHERS MEDICAL CENTER	140258	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF			ABMC OLDER ADULT BEHAVIORAL HEALTH	14S258	16974	4	07/01/2014	N	P	O	4.00
5.00	Subprovider - IRF			ALEXIAN REHABILITATION UNIT	14T258	16974	5	01/01/1980	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 OLTG											11.00
12.00	Hospital-Based HHA			ALEXIAN BROTHERS HOME HEALTH AGENCY	147583	16974		06/01/1994	N	P	N	12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice			ALEXIAN BROTHERS HOSPICE	141632	16974		01/01/1976				14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
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)							07/01/2018	06/30/2019		20.00	
21.00	Type of Control (see instructions)							1			21.00	
							1.00	2.00	3.00			
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						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.						3	Y			23.00	

Worksheet S-2
Part I
Date/Time Prepared:
11/27/2019 8:37 am

MCRIF32 - 15.9.167.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0258		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/27/2019 8:37 am	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y					60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1			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 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20
						1.00	
<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		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
<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" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N		63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
		1.00	2.00	3.00			
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00
			1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y	70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N N 0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				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

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				1.00				
Long Term Care Hospital PPS								
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00			
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00			
TEFRA Providers								
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00			
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00			
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00			
			V	XIX				
			1.00	2.00				
Title V and XIX Services								
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	97.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	Y	98.00		
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	Y	98.01		
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	Y	98.02		
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N	N	98.03		
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N	N	98.04		
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	Y	98.05		
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	Y	98.06		
Rural Providers								
105.00	Does this hospital qualify as a CAH?			N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.					107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N		108.00		
			Physical	Occupational	Speech	Respiratory		
			1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			N	N	N	N	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

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		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	5,543,093	0	0	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	Y			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.06	122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		149019	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0258		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/27/2019 8:37 am	
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: ALEXIAN BROTHERS HOSPITAL NETWORK		Contractor's Name: 14-9019		Contractor's Number: 05001				141.00
142.00	Street: 2601 NAVISTAR DRIVE		PO Box:						142.00
143.00	City: LISLE		State: IL		Zip Code: 60532				143.00
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	
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.				N		N		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N				146.00
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N	155.00	
156.00	Subprovider - IPF			N	N	N	N	156.00	
157.00	Subprovider - IRF			N	N	N	N	157.00	
158.00	SUBPROVIDER							158.00	
159.00	SNF			N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY			N	N	N	N	160.00	
161.00	CMHC				N	N	N	161.00	
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
				Name	County	State	Zip Code	CBSA	FTE/Campus
				0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								0.00
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					07/01/2018	06/30/2019	170.00	
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N		0171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0258	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/27/2019 8:37 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/22/2019	Y 10/22/2019
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/27/2019 8:37 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		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.	MARY JO		MACKNISKAS	41.00
42.00	Enter the employer/company name of the cost report preparer.	AMITA HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	224-273-0184		MARYJO.MACKNISKAS@AMITAHEALT H.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/27/2019 8:37 am

		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.	VP REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/27/2019 8:37 am

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	221	80,665	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)		221	80,665	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		257	93,805	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	25	9,125		0	16.00
17.00 SUBPROVIDER - IRF	41.00	72	26,280		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	16	5,840			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		370				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: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/27/2019 8:37 am

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)	31,323	3,933	60,192			1.00
2.00	HMO and other (see instructions)	9,023	6,135				2.00
3.00	HMO IPF Subprovider	933	0				3.00
4.00	HMO IRF Subprovider	1,879	1,051				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	31,323	3,933	60,192			7.00
8.00	INTENSIVE CARE UNIT	3,428	599	9,308			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		1,686	4,951			13.00
14.00	Total (see instructions)	34,751	6,218	74,451	0.00	1,637.45	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	4,003	62	5,572	0.00	31.80	16.00
17.00	SUBPROVIDER - IRF	13,346	323	21,291	0.00	107.17	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	51,257	0.00	65.59	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	29,830	1,456	33,967	0.00	63.63	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,905.64	27.00
28.00	Observation Bed Days		0	8,883			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	187	1,050			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: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/27/2019 8:37 am

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	6,371	445	15,522	1.00
2.00 HMO and other (see instructions)			1,555	1,592		2.00
3.00 HMO IPF Subprovider				94		3.00
4.00 HMO IRF Subprovider				131		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	6,371	445	15,522	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	315	2	434	16.00
17.00 SUBPROVIDER - IRF	0.00	0	951	15	1,517	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/27/2019 8:37 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	142,519,708	590,824	143,110,532	3,963,735.66	36.10
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		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		20,131,134	0	20,131,134	589,284.08	34.16
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,774,440	0	3,774,440	36,597.00	103.14
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		2,178,242	0	2,178,242	7,556.00	288.28
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		32,760,929	0	32,760,929	821,180.00	39.89
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		29,790,888	0	29,790,888		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		5,311,300	0	5,311,300		
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		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		10,146,108	0	10,146,108		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	-590,824	590,824	0	0.00	0.00
27.00	Administrative & General	5.00	6,877,088	0	6,877,088	208,693.00	32.95

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/27/2019 8:37 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		4,661,552	0	4,661,552	25,814.00	180.58	28.00
29.00	Maintenance & Repairs	6.00	954,080	0	954,080	51,196.00	18.64	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		4,553,520	0	4,553,520	190,044.00	23.96	33.00
34.00	Dietary	10.00	64,233	-25,833	38,400	1,172.00	32.76	34.00
35.00	Dietary under contract (see instructions)		5,647,333	0	5,647,333	201,779.00	27.99	35.00
36.00	Cafeteria	11.00	0	25,833	25,833	789.00	32.74	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,164,430	0	3,164,430	57,691.00	54.85	38.00
39.00	Central Services and Supply	14.00	876,266	0	876,266	39,893.00	21.97	39.00
40.00	Pharmacy	15.00	4,874,103	0	4,874,103	105,778.00	46.08	40.00
41.00	Medical Records & Medical Records Library	16.00	2,053,914	0	2,053,914	61,160.00	33.58	41.00
42.00	Social Service	17.00	1,623,169	0	1,623,169	41,054.00	39.54	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/27/2019 8:37 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	157,382,113	590,824	157,972,937	4,381,372.66	36.06	1.00
2.00	Excluded area salaries (see instructions)	20,131,134	0	20,131,134	589,284.08	34.16	2.00
3.00	Subtotal salaries (line 1 minus line 2)	137,250,979	590,824	137,841,803	3,792,088.58	36.35	3.00
4.00	Subtotal other wages & related costs (see inst.)	38,713,611	0	38,713,611	865,333.00	44.74	4.00
5.00	Subtotal wage-related costs (see inst.)	39,936,996	0	39,936,996	0.00	28.97	5.00
6.00	Total (sum of lines 3 thru 5)	215,901,586	590,824	216,492,410	4,657,421.58	46.48	6.00
7.00	Total overhead cost (see instructions)	34,758,864	590,824	35,349,688	985,063.00	35.89	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part IV
Date/Time Prepared:
11/27/2019 8:37 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,993,901	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)	2,202,604	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)	15,594,993	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	837,071	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	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)	550,652	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,229,352	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	10,411,066	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	26,967	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	256,781	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	35,103,387	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0258

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 11/27/2019 8:37 am

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	704,362	34,246,842	1.00
2.00	Hospital	704,362	34,246,842	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0258 Component CCN: 14-7583		Period: From 07/01/2018 To 06/30/2019		Worksheet S-4 Date/Time Prepared: 11/27/2019 8:37 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County			COOK		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	0.00	0.00	0.00	0.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			33.00	0.00	33.00	5.00
6.00	Direct Nursing Service			60.00	0.00	60.00	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			46.00	0.00	46.00	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			15.00	0.00	15.00	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.00	0.00	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			12.00	0.00	12.00	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			3			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	16974					20.00
20.01		20994					20.01
20.02		29404					20.02
		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	13,350	523	595	339	14,807	21.00
22.00	Skilled Nursing Visit Charges	2,264,630	88,910	99,450	57,460	2,510,450	22.00
23.00	Physical Therapy Visits	10,915	184	176	315	11,590	23.00
24.00	Physical Therapy Visit Charges	2,072,140	34,960	33,440	59,850	2,200,390	24.00
25.00	Occupational Therapy Visits	4,804	101	35	170	5,110	25.00
26.00	Occupational Therapy Visit Charges	912,570	19,190	6,650	32,300	970,710	26.00
27.00	Speech Pathology Visits	490	24	1	9	524	27.00
28.00	Speech Pathology Visit Charges	92,910	4,560	190	1,710	99,370	28.00
29.00	Medical Social Service Visits	170	5	2	10	187	29.00
30.00	Medical Social Service Visit Charges	51,000	1,500	600	3,000	56,100	30.00
31.00	Home Health Aide Visits	2,468	206	4	27	2,705	31.00
32.00	Home Health Aide Visit Charges	296,040	24,720	480	3,240	324,480	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	32,197	1,043	813	870	34,923	33.00
34.00	Other Charges	236,777	27,069	10,152	5,728	279,726	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	5,926,067	200,909	150,962	163,288	6,441,226	35.00
36.00	Total Number of Episodes (standard/non outlier)	2,111		284	71	2,466	36.00
37.00	Total Number of Outlier Episodes		28		0	28	37.00
38.00	Total Non-Routine Medical Supply Charges	236,777	27,069	10,152	5,728	279,726	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0258

Period:

Worksheet S-9

Hospice CCN: 14-1632

From 07/01/2018
To 06/30/2019PARTS I THROUGH IV
Date/Time Prepared:
11/27/2019 8:37 am

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	27,054	1,216	1,940	30,210	11.00
12.00	Hospice Inpatient Respite Care	283	19	28	330	12.00
13.00	Hospice General Inpatient Care	2,493	221	443	3,157	13.00
14.00	Total Hospice Days	29,830	1,456	2,411	33,697	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0258

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

Worksheet S-10

Date/Time Prepared:
11/27/2019 8:37 am

			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)		0.191879	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		37,946,493	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		230,980,166	6.00
7.00	Medicaid cost (line 1 times line 6)		44,320,243	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)		6,373,750	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		6,373,750	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	48,044,555	1,599,528	49,644,083
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	9,218,741	1,599,528	10,818,269
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	9,218,741	1,599,528	10,818,269
			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)		10,529,965	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,210,282	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,861,973	27.01
28.00	Non-Medicare bad debt expense (see instructions)		8,667,992	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,314,897	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		13,133,166	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		19,506,916	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0258

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

Worksheet A

Date/Time Prepared:
11/27/2019 8:37 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		8,926,396	8,926,396	8,032,983	16,959,379	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,334,282	7,334,282	1,060,097	8,394,379	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-590,824	23,952,602	23,361,778	0	23,361,778	4.00
5.01	00540	NONPATIENT TELEPHONES	658,776	613,214	1,271,990	0	1,271,990	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	51	51	-436,103	-436,052	5.03
5.04	00570	ADMITTING	1,088,731	177,899	1,266,630	-23,350	1,243,280	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	-1,401	-1,401	0	-1,401	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	5,129,581	123,120,310	128,249,891	-105,017	128,144,874	5.06
6.00	00600	MAINTENANCE & REPAIRS	954,080	3,267,668	4,221,748	-338,360	3,883,388	6.00
7.00	00700	OPERATION OF PLANT	0	298,301	298,301	0	298,301	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,135,224	1,135,224	8.00
9.00	00900	HOUSEKEEPING	0	6,488,088	6,488,088	-1,135,224	5,352,864	9.00
10.00	01000	DIETARY	64,233	7,759,585	7,823,818	-3,107,887	4,715,931	10.00
11.00	01100	CAFETERIA	0	605,285	605,285	3,085,993	3,691,278	11.00
13.00	01300	NURSING ADMINISTRATION	3,164,430	1,147,138	4,311,568	-342,559	3,969,009	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	876,266	4,309,593	5,185,859	-1,056,567	4,129,292	14.00
15.00	01500	PHARMACY	4,874,103	24,163,010	29,037,113	-30,889,226	-1,852,113	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,053,914	643,184	2,697,098	0	2,697,098	16.00
17.00	01700	SOCIAL SERVICE	1,623,169	140,720	1,763,889	0	1,763,889	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM - (SPECIFY)	394,035	54,232	448,267	0	448,267	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,365,955	6,540,466	37,906,421	-986,496	36,919,925	30.00
31.00	03100	INTENSIVE CARE UNIT	9,290,006	1,974,592	11,264,598	-975,220	10,289,378	31.00
40.00	04000	SUBPROVIDER - IPF	1,827,417	317,445	2,144,862	-20,859	2,124,003	40.00
41.00	04100	SUBPROVIDER - IRF	6,837,345	18,535,642	25,372,987	-342,207	25,030,780	41.00
43.00	04300	NURSERY	1,277,774	1,167,810	2,445,584	-82,688	2,362,896	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,450,788	24,299,951	32,750,739	-17,142,039	15,608,700	50.00
50.01	05001	GAMMA KNIFE	692,253	1,695,733	2,387,986	0	2,387,986	50.01
50.02	03330	ENDOSCOPY	1,892,709	1,976,299	3,869,008	-827,704	3,041,304	50.02
51.00	05100	RECOVERY ROOM	1,585,716	167,120	1,752,836	-35,757	1,717,079	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,399,369	623,256	3,022,625	-310,948	2,711,677	52.00
53.00	05300	ANESTHESIOLOGY	0	792,079	792,079	-598,599	193,480	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,923,808	312,228	2,236,036	-23,856	2,212,180	54.00
54.01	03630	ULTRA SOUND	1,019,196	102,521	1,121,717	-12,192	1,109,525	54.01
54.02	05401	PET SCAN	113,358	298,856	412,214	0	412,214	54.02
54.03	03480	ONCOLOGY	1,518,412	321,750	1,840,162	-17,564	1,822,598	54.03
54.04	03440	MAMMOGRAPHY	852,936	247,805	1,100,741	-57,694	1,043,047	54.04
56.00	05600	RADIOISOTOPE	353,170	1,022,236	1,375,406	-22,519	1,352,887	56.00
57.00	05700	CT SCAN	1,574,896	518,356	2,093,252	-133,122	1,960,130	57.00
58.00	05800	MRI	990,339	357,473	1,347,812	-115,553	1,232,259	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,376,754	25,729,384	30,106,138	-12,849,993	17,256,145	59.00
60.00	06000	LABORATORY	7,921,377	9,154,405	17,075,782	-227,971	16,847,811	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	566,391	1,641,476	2,207,867	0	2,207,867	63.00
64.00	06400	INTRAVENOUS THERAPY	882,151	473,780	1,355,931	-393,779	962,152	64.00
65.00	06500	RESPIRATORY THERAPY	2,696,387	701,710	3,398,097	-405,795	2,992,302	65.00
66.00	06600	PHYSICAL THERAPY	3,335,400	456,680	3,792,080	-14,813	3,777,267	66.00
66.01	06601	REHAB OUTPATIENT	2,010,215	190,091	2,200,306	-17,489	2,182,817	66.01
66.02	06602	REHAB MED SURGICAL	2,337,161	190,534	2,527,695	0	2,527,695	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	910,200	295,633	1,205,833	-28,415	1,177,418	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	142,180	19,393	161,573	-4,651	156,922	70.00
70.01	07001	NEUROMEG	0	735	735	0	735	70.01
70.02	07002	SLEEP LAB	596,408	122,046	718,454	-66,161	652,293	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,958,993	13,958,993	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	24,106,816	24,106,816	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	30,734,811	30,734,811	73.00
74.00	07400	RENAL DIALYSIS	39,141	1,604,368	1,643,509	-8,327	1,635,182	74.00
76.97	07697	CARDIAC REHABILITATION	493,167	54,213	547,380	-9,672	537,708	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,577,497	738,882	2,316,379	-386,646	1,929,733	90.00
90.01	09001	DAY REHAB	1,021,111	316,030	1,337,141	-7,810	1,329,331	90.01
90.02	09002	IMAGING CENTERS	675,623	456,743	1,132,366	-251,784	880,582	90.02
90.03	09003	COUMADIN CLINIC	139,803	35,434	175,237	-2,488	172,749	90.03
90.04	09004	WOUND CLINIC	582,686	989,640	1,572,326	-831,806	740,520	90.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0258

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

Worksheet A

Date/Time Prepared:
11/27/2019 8:37 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	1,580,945	854,985	2,435,930	-244,184	2,191,746	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	239,991	20,114	260,105	0	260,105	90.06
91.00	09100	EMERGENCY	5,066,842	2,798,107	7,864,949	0	7,864,949	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	5,948,151	876,855	6,825,006	0	6,825,006	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		7,106,592	7,106,592	-7,106,592	0	113.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
116.00	11600	HOSPICE	4,466,871	2,791,013	7,257,884	-117,231	7,140,653	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	141,862,393	331,890,618	473,753,011	0	473,753,011	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	182,841	282,570	465,411	0	465,411	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	474,474	6,104,689	6,579,163	0	6,579,163	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	142,519,708	338,277,877	480,797,585	0	480,797,585	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0258

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

Worksheet A

Date/Time Prepared:
11/27/2019 8:37 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-3,138,648	13,820,731	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	11,959,893	20,354,272	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	23,361,778	4.00
5.01	00540	NONPATIENT TELEPHONES	-519,664	752,326	5.01
5.02	00550	DATA PROCESSING	26,557,173	26,557,173	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,012,344	576,292	5.03
5.04	00570	ADMITTING	0	1,243,280	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	8,165,604	8,164,203	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	-82,543,280	45,601,594	5.06
6.00	00600	MAINTENANCE & REPAIRS	-94,780	3,788,608	6.00
7.00	00700	OPERATION OF PLANT	7,943,245	8,241,546	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,135,224	8.00
9.00	00900	HOUSEKEEPING	0	5,352,864	9.00
10.00	01000	DIETARY	-687,237	4,028,694	10.00
11.00	01100	CAFETERIA	-1,363,882	2,327,396	11.00
13.00	01300	NURSING ADMINISTRATION	0	3,969,009	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,129,292	14.00
15.00	01500	PHARMACY	-28,052	-1,880,165	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-817	2,696,281	16.00
17.00	01700	SOCIAL SERVICE	0	1,763,889	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	-2,600	445,667	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-8,335	36,911,590	30.00
31.00	03100	INTENSIVE CARE UNIT	0	10,289,378	31.00
40.00	04000	SUBPROVIDER - IPF	0	2,124,003	40.00
41.00	04100	SUBPROVIDER - IRF	-518,635	24,512,145	41.00
43.00	04300	NURSERY	-934,377	1,428,519	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	15,608,700	50.00
50.01	05001	GAMMA KNIFE	-13,919	2,374,067	50.01
50.02	03330	ENDOSCOPY	0	3,041,304	50.02
51.00	05100	RECOVERY ROOM	0	1,717,079	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,711,677	52.00
53.00	05300	ANESTHESIOLOGY	0	193,480	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,212,180	54.00
54.01	03630	ULTRA SOUND	0	1,109,525	54.01
54.02	05401	PET SCAN	0	412,214	54.02
54.03	03480	ONCOLOGY	0	1,822,598	54.03
54.04	03440	MAMMOGRAPHY	0	1,043,047	54.04
56.00	05600	RADIOISOTOPE	0	1,352,887	56.00
57.00	05700	CT SCAN	0	1,960,130	57.00
58.00	05800	MRI	0	1,232,259	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	17,256,145	59.00
60.00	06000	LABORATORY	-3,688,498	13,159,313	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,207,867	63.00
64.00	06400	INTRAVENOUS THERAPY	0	962,152	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,992,302	65.00
66.00	06600	PHYSICAL THERAPY	0	3,777,267	66.00
66.01	06601	REHAB OUTPATIENT	-7,616	2,175,201	66.01
66.02	06602	REHAB MED SURGICAL	0	2,527,695	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,177,418	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	156,922	70.00
70.01	07001	NEUROMEG	-735	0	70.01
70.02	07002	SLEEP LAB	0	652,293	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,958,993	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	24,106,816	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	30,734,811	73.00
74.00	07400	RENAL DIALYSIS	0	1,635,182	74.00
76.97	07697	CARDIAC REHABILITATION	0	537,708	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	1,929,733	90.00
90.01	09001	DAY REHAB	0	1,329,331	90.01
90.02	09002	IMAGING CENTERS	-8,495	872,087	90.02
90.03	09003	COUMADIN CLINIC	0	172,749	90.03
90.04	09004	WOUND CLINIC	21,082	761,602	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	-56,311	2,135,435	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	260,105	90.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0258

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

Worksheet A

Date/Time Prepared:
11/27/2019 8:37 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
91.00	09100	EMERGENCY			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	-299,583	7,565,366	92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	6,825,006	101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	114.00
116.00	11600	HOSPICE	0	7,140,653	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-38,256,123	435,496,888	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	465,411	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-3,040,051	3,539,112	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-41,296,174	439,501,411	200.00

RECLASSIFICATIONS

Provider CCN: 14-0258

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

Worksheet A-6

Date/Time Prepared:
11/27/2019 8:37 am

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
A - CHARGEABLE DRUGS					
1.00 DRUGS CHARGED TO PATIENTS	73.00	0	30,734,811		1.00
0		0	30,734,811		
B - BED RENTALS					
1.00 ADULTS & PEDIATRICS	30.00	0	436,103		1.00
0		0	436,103		
C - LAUNDRY					
1.00 LAUNDRY & LINEN SERVICE	8.00	0	1,135,224		1.00
0		0	1,135,224		
D - NEGATIVE SALARIES					
1.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	590,824	0		1.00
TOTALS		590,824	0		
E - SHARED DIETARY					
1.00 CAFETERIA	11.00	25,833	3,060,160		1.00
0		25,833	3,060,160		
G - IMPLANTS					
1.00 IMPL. DEV. CHARGED TO	72.00	0	24,106,816		1.00
PATIENTS					
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
5.00	0.00	0	0		5.00
6.00	0.00	0	0		6.00
7.00	0.00	0	0		7.00
0		0	24,106,816		
H - SUPPLIES					
1.00 MEDICAL SUPPLIES CHARGED TO	71.00	0	13,958,993		1.00
PATIENT					
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
5.00	0.00	0	0		5.00
6.00	0.00	0	0		6.00
7.00	0.00	0	0		7.00
8.00	0.00	0	0		8.00
9.00	0.00	0	0		9.00
10.00	0.00	0	0		10.00
11.00	0.00	0	0		11.00
12.00	0.00	0	0		12.00
13.00	0.00	0	0		13.00
14.00	0.00	0	0		14.00
15.00	0.00	0	0		15.00
16.00	0.00	0	0		16.00
17.00	0.00	0	0		17.00
18.00	0.00	0	0		18.00
19.00	0.00	0	0		19.00
20.00	0.00	0	0		20.00
21.00	0.00	0	0		21.00
22.00	0.00	0	0		22.00
23.00	0.00	0	0		23.00
24.00	0.00	0	0		24.00
25.00	0.00	0	0		25.00
26.00	0.00	0	0		26.00
27.00	0.00	0	0		27.00
28.00	0.00	0	0		28.00
29.00	0.00	0	0		29.00
30.00	0.00	0	0		30.00
31.00	0.00	0	0		31.00
32.00	0.00	0	0		32.00
33.00	0.00	0	0		33.00
34.00	0.00	0	0		34.00
35.00	0.00	0	0		35.00
36.00	0.00	0	0		36.00
37.00	0.00	0	0		37.00
38.00	0.00	0	0		38.00
39.00	0.00	0	0		39.00
40.00	0.00	0	0		40.00
0		0	13,958,993		
I - RENT RECLASS					
1.00 CAP REL COSTS-BLDG & FIXT	1.00	0	926,391		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	2.00	0	1,060,097		2.00
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
5.00	0.00	0	0		5.00

RECLASSIFICATIONS

Provider CCN: 14-0258

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

Worksheet A-6

Date/Time Prepared:
11/27/2019 8:37 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
	TOTALS		0	1,986,488		
	J - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,106,592		1.00
	0		0	7,106,592		
500.00	Grand Total: Increases		616,657	82,525,187		500.00

RECLASSIFICATIONS

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Date/Time Prepared:
11/27/2019 8:37 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - CHARGEABLE DRUGS						
1.00	PHARMACY _____	15.00	0	30,734,811	0		1.00
	0		0	30,734,811			
	B - BED RENTALS						
1.00	PURCHASING RECEIVING AND STORES _____	5.03	0	436,103	0		1.00
	0		0	436,103			
	C - LAUNDRY						
1.00	HOUSEKEEPING _____	9.00	0	1,135,224	0		1.00
	0		0	1,135,224			
	D - NEGATIVE SALARIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT TOTALS _____	4.00	0	590,824	0		1.00
			0	590,824			
	E - SHARED DIETARY						
1.00	DIETARY _____	10.00	25,833	3,060,160	0		1.00
	0		25,833	3,060,160			
	G - IMPLANTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	256,564	0		1.00
2.00	OPERATING ROOM	50.00	0	11,456,111	0		2.00
3.00	ENDOSCOPY	50.02	0	60,434	0		3.00
4.00	CT SCAN	57.00	0	37,000	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	11,512,369	0		5.00
6.00	CLINIC	90.00	0	147,351	0		6.00
7.00	WOUND CLINIC _____	90.04	0	636,987	0		7.00
	0		0	24,106,816			
	H - SUPPLIES						
1.00	ADMITTING	5.04	0	23,350	0		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.06	0	7,911	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	11,601	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	795,330	0		4.00
5.00	PHARMACY	15.00	0	143,386	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	1,416,765	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	967,050	0		7.00
8.00	SUBPROVIDER - IPF	40.00	0	20,859	0		8.00
9.00	SUBPROVIDER - IRF	41.00	0	282,621	0		9.00
10.00	NURSERY	43.00	0	82,688	0		10.00
11.00	OPERATING ROOM	50.00	0	5,169,183	0		11.00
12.00	ENDOSCOPY	50.02	0	767,270	0		12.00
13.00	RECOVERY ROOM	51.00	0	35,757	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	310,948	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	598,599	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	23,856	0		16.00
17.00	ULTRA SOUND	54.01	0	12,192	0		17.00
18.00	ONCOLOGY	54.03	0	17,564	0		18.00
19.00	MAMMOGRAPHY	54.04	0	57,694	0		19.00
20.00	RADIOISOTOPE	56.00	0	22,519	0		20.00
21.00	CT SCAN	57.00	0	96,122	0		21.00
22.00	MRI	58.00	0	115,553	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	1,337,624	0		23.00
24.00	LABORATORY	60.00	0	204,989	0		24.00
25.00	INTRAVENOUS THERAPY	64.00	0	393,779	0		25.00
26.00	RESPIRATORY THERAPY	65.00	0	297,759	0		26.00
27.00	PHYSICAL THERAPY	66.00	0	14,813	0		27.00
28.00	REHAB OUTPATIENT	66.01	0	17,489	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	28,415	0		29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,651	0		30.00
31.00	SLEEP LAB	70.02	0	66,161	0		31.00
32.00	RENAL DIALYSIS	74.00	0	8,327	0		32.00
33.00	CARDIAC REHABILITATION	76.97	0	9,672	0		33.00
34.00	CLINIC	90.00	0	234,295	0		34.00
35.00	DAY REHAB	90.01	0	7,810	0		35.00
36.00	IMAGING CENTERS	90.02	0	4,703	0		36.00
37.00	COUMADIN CLINIC	90.03	0	2,488	0		37.00
38.00	WOUND CLINIC	90.04	0	184,866	0		38.00
39.00	CARDIOVASCULAR IMAGING CENTERS	90.05	0	45,103	0		39.00
40.00	HOSPICE _____	116.00	0	117,231	0		40.00
	0		0	13,958,993			
	I - RENT RECLASS						
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	97,106	10		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	338,360	10		2.00
3.00	DIETARY	10.00	0	21,894	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	330,958	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,673	0		5.00

RECLASSIFICATIONS

Provider CCN: 14-0258

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

Worksheet A-6

Date/Time Prepared:
11/27/2019 8:37 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
6.00	PHARMACY	15.00	0	11,029	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	5,834	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	8,170	0	8.00
9.00	SUBPROVIDER - IRF	41.00	0	59,586	0	9.00
10.00	OPERATING ROOM	50.00	0	516,745	0	10.00
11.00	LABORATORY	60.00	0	22,982	0	11.00
12.00	RESPIRATORY THERAPY	65.00	0	108,036	0	12.00
13.00	CLINIC	90.00	0	5,000	0	13.00
14.00	IMAGING CENTERS	90.02	0	247,081	0	14.00
15.00	WOUND CLINIC	90.04	0	9,953	0	15.00
16.00	CARDIOVASCULAR IMAGING	90.05	0	199,081	0	16.00
	CENTERS					
	TOTALS		0	1,986,488		
J - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	7,106,592	11	1.00
	0		0	7,106,592		
500.00	Grand Total: Decreases		25,833	83,116,011		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
11/27/2019 8:37 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	10,100,000	0	0	0	0	1.00	
2.00	Land Improvements	1,123,654	361,441	0	361,441	0	2.00	
3.00	Buildings and Fixtures	182,924,372	4,275,803	0	4,275,803	0	3.00	
4.00	Building Improvements	19,735,669	1,012,799	0	1,012,799	0	4.00	
5.00	Fixed Equipment	2,332,917	0	0	0	0	5.00	
6.00	Movable Equipment	72,070,792	9,641,254	0	9,641,254	694,753	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	288,287,404	15,291,297	0	15,291,297	694,753	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	288,287,404	15,291,297	0	15,291,297	694,753	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	10,100,000	0				1.00	
2.00	Land Improvements	1,485,095	0				2.00	
3.00	Buildings and Fixtures	187,200,175	0				3.00	
4.00	Building Improvements	20,748,468	0				4.00	
5.00	Fixed Equipment	2,332,917	0				5.00	
6.00	Movable Equipment	81,017,293	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	302,883,948	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	302,883,948	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
11/27/2019 8:37 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	8,926,396	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7,334,282	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	16,260,678	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	8,926,396				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	7,334,282				2.00
3.00	Total (sum of lines 1-2)	0	16,260,678				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
11/27/2019 8:37 am

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	221,866,655	0	221,866,655	0.732514	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	81,017,293	0	81,017,293	0.267486	0	2.00
3.00	Total (sum of lines 1-2)	302,883,948	0	302,883,948	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	13,386,360	933,144	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	19,294,175	1,060,097	2.00
3.00	Total (sum of lines 1-2)	0	0	0	32,680,535	1,993,241	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	-498,773	0	0	0	13,820,731	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	20,354,272	2.00
3.00	Total (sum of lines 1-2)	-498,773	0	0	0	34,175,003	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0258

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

Worksheet A-8

Date/Time Prepared:
11/27/2019 8:37 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		B	-498,773	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)						
3.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)						
4.00	Investment income - other (chapter 2)						
5.00	Trade, quantity, and time discounts (chapter 8)						
6.00	Refunds and rebates of expenses (chapter 8)						
7.00	Rental of provider space by suppliers (chapter 8)						
8.00	Telephone services (pay stations excluded) (chapter 21)						
9.00	Television and radio service (chapter 21)						
10.00	Parking lot (chapter 21)						
11.00	Provider-based physician adjustment	A-8-2	-4,673,642				
12.00	Sale of scrap, waste, etc. (chapter 23)						
13.00	Related organization transactions (chapter 10)	A-8-1	-7,050,954				
14.00	Laundry and linen service						
15.00	Cafeteria-employees and guests	B	-1,363,882	CAFETERIA	11.00		
16.00	Rental of quarters to employee and others						
17.00	Sale of medical and surgical supplies to other than patients						
18.00	Sale of drugs to other than patients						
19.00	Sale of medical records and abstracts	B	-817	MEDICAL RECORDS & LIBRARY	16.00		
20.00	Nursing and allied health education (tuition, fees, books, etc.)						
21.00	Vending machines						
22.00	Income from imposition of interest, finance or penalty charges (chapter 21)						
23.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments						
24.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00		
25.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		
26.00	Utilization review - physicians' compensation (chapter 21)						
27.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	2,224,130	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
28.00	Depreciation - CAP REL COSTS-MVBLE EQUIP						
29.00	Non-physician Anesthetist						
30.00	Physicians' assistant						
30.99	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		
31.00	Hospice (non-distinct) (see instructions)						
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00		
32.00	CAH HIT Adjustment for Depreciation and Interest						

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0258

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

Worksheet A-8

Date/Time Prepared:
11/27/2019 8:37 am

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
34.03 WEIGHT MANAGEMENT	A	-171,063	ADMINISTRATIVE AND GENERAL	5.06	0	34.03
34.05 NON ALLOW PATIENT TRANSPORTATIO	A	-94,780	MAINTENANCE & REPAIRS	6.00	0	34.05
35.00 NON ALLOWABLE EXPENSES	A	-225	ADMINISTRATIVE AND GENERAL	5.06	0	35.00
36.00 REAL ESTATE TAXES	A	-72,103	OPERATION OF PLANT	7.00	0	36.00
36.01 REAL ESTATE TAXES	A	-364,243	PHYSICIANS' PRIVATE OFFICES	192.00	0	36.01
36.02 REAL ESTATE TAXES	A	-130,378	PHYSICIANS' PRIVATE OFFICES	192.00	0	36.02
36.03 REAL ESTATE TAXES	A	-113,578	PHYSICIANS' PRIVATE OFFICES	192.00	0	36.03
36.04 REAL ESTATE TAXES	A	-172,198	ADMINISTRATIVE AND GENERAL	5.06	0	36.04
36.05 REAL ESTATE TAXES	A	-6,081	IMAGING CENTERS	90.02	0	36.05
37.00 ANSWERING SERVICE	B	-519,664	NONPATIENT TELEPHONES	5.01	0	37.00
38.00 MISC & REFERENCE LAB INCOME	B	-3,688,498	LABORATORY	60.00	0	38.00
38.01 MISCELLANEOUS INCOME	B	-392,440	ADMINISTRATIVE AND GENERAL	5.06	0	38.01
38.02 MISCELLANEOUS INCOME	B	-224,769	DIETARY	10.00	0	38.02
38.03 PARAMEDICAL EDUCATION	B	-2,600	PARAMED ED PRGM-(SPECIFY)	23.00	0	38.03
38.04 MISCELLANEOUS INCOME	B	-8,335	ADULTS & PEDIATRICS	30.00	0	38.04
38.05 MISCELLANEOUS INCOME	B	-518,635	SUBPROVIDER - IRF	41.00	0	38.05
38.06 SEVERANCE	A	46,382	ADMINISTRATIVE AND GENERAL	5.06	0	38.06
38.07 MISCELLANEOUS INCOME	B	-2,414	IMAGING CENTERS	90.02	0	38.07
38.08 COFFEE SHOP	A	-462,468	DIETARY	10.00	0	38.08
38.09 MISC INCOME EXECERISE	B	-7,616	REHAB OUTPATIENT	66.01	0	38.09
38.10 MISCELLANEOUS INCOME	B	-28,052	PHARMACY	15.00	0	38.10
38.11 RENTAL REVENUE	B	-1,736,990	PHYSICIANS' PRIVATE OFFICES	192.00	0	38.11
38.12 RENTAL REVENUE	B	-782,083	CAP REL COSTS-BLDG & FIXT	1.00	9	38.12
38.13 PROVIDER TAX	A	-19,626,636	ADMINISTRATIVE AND GENERAL	5.06	0	38.13
39.00 PHYSICIAN PART B	A	-694,862	PHYSICIANS' PRIVATE OFFICES	192.00	0	39.00
39.01 REMOVE NEUROMEG COSTS	A	-735	NEUROMEG	70.01	0	39.01
40.00 GAIN ON SALE NON OPERATING ASSETS	B	-107,172	CAP REL COSTS-MVBLE EQUIP	2.00	9	40.00
44.00 LOBBYING PORTION OF DUES	A	-50,000	ADMINISTRATIVE AND GENERAL	5.06	0	44.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-41,296,174				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0258

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

Worksheet A-8-1

Date/Time Prepared:
11/27/2019 8:37 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST	0	7,106,592	1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	ABHN CAPITAL	3,017,917	0	2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	INFO SYS CAPITAL FROM ABHN	12,067,065	0	3.00
3.01	5.02	DATA PROCESSING	INFO SYS OPERATING FROM ABHN	26,557,173	0	3.01
3.02	5.03	PURCHASING RECEIVING AND STO	LOGISTICS FROM ABHN	1,012,344	0	3.02
3.03	5.05	CASHIERING/ACCOUNTS RECEIVAB	CBO	8,165,604	0	3.03
3.04	5.06	ADMINISTRATIVE AND GENERAL	ADMIN AND EXEC EXP FROM ABHN	39,792,358	98,600,006	3.04
3.06	7.00	OPERATION OF PLANT	FACILITY AND CLIN ENGINEERIN	8,015,348	0	3.06
3.07	90.04	WOUND CLINIC	ABMP OP EXPENSE	21,082	0	3.07
3.08	1.00	CAP REL COSTS-BLDG & FIXT	ABMP CAPITAL EXPENSE	16,706	9,953	3.08
3.10	0.00			0	0	3.10
3.11	0.00			0	0	3.11
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			98,665,597	105,716,551	5.00

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

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

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

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

6.00	B	ALEXIAN BROTHERS HOSPITAL NE	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:			0.00	100.00

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

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

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

Provider CCN: 14-0258

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

Worksheet A-8-1

Date/Time Prepared:
11/27/2019 8:37 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-7,106,592	11		1.00
2.00	3,017,917	9		2.00
3.00	12,067,065	9		3.00
3.01	26,557,173	0		3.01
3.02	1,012,344	0		3.02
3.03	8,165,604	0		3.03
3.04	-58,807,648	0		3.04
3.06	8,015,348	0		3.06
3.07	21,082	0		3.07
3.08	6,753	10		3.08
3.10	0	0		3.10
3.11	0	0		3.11
4.00	0	0		4.00
5.00	-7,050,954			5.00

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

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

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

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

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

6.00			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0258

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

Worksheet A-8-2

Date/Time Prepared:
11/27/2019 8:37 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	AGGREGATE-ADMINISTRATIVE AND GENERAL	4,290,366	3,114,736	1,175,630	300,000	6,385	1.00
2.00	41.00	DR. A	158,443	0	158,443	300,000	1,100	2.00
3.00	43.00	AGGREGATE-NURSERY	934,377	934,377	0	0	0	3.00
4.00	50.01	DR. B	32,813	0	32,813	300,000	131	4.00
5.00	90.05	DR. C	56,311	56,311	0	0	0	5.00
6.00	91.00	AGGREGATE-EMERGENCY	299,583	299,583	0	0	0	6.00
7.00	0.00	AGGREGATE-	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			5,771,893	4,405,007	1,366,886		7,616	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	AGGREGATE-ADMINISTRATIVE AND GENERAL	920,914	46,046	0	0	0	1.00
2.00	41.00	DR. A	158,654	7,933	0	0	0	2.00
3.00	43.00	AGGREGATE-NURSERY	0	0	0	0	0	3.00
4.00	50.01	DR. B	18,894	945	0	0	0	4.00
5.00	90.05	DR. C	0	0	0	0	0	5.00
6.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	6.00
7.00	0.00	AGGREGATE-	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,098,462	54,924	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	AGGREGATE-ADMINISTRATIVE AND GENERAL	0	920,914	254,716	3,369,452		1.00
2.00	41.00	DR. A	0	158,654	0	0		2.00
3.00	43.00	AGGREGATE-NURSERY	0	0	0	934,377		3.00
4.00	50.01	DR. B	0	18,894	13,919	13,919		4.00
5.00	90.05	DR. C	0	0	0	56,311		5.00
6.00	91.00	AGGREGATE-EMERGENCY	0	0	0	299,583		6.00
7.00	0.00	AGGREGATE-	0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	1,098,462	268,635	4,673,642		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			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	13,820,731	13,820,731			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	20,354,272	20,354,272			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	23,361,778	68,156	23,429,934		4.00
5.01	00540	NONPATIENT TELEPHONES	752,326	29,676	107,854	889,856	5.01
5.02	00550	DATA PROCESSING	26,557,173	8,750	0	71,414	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	576,292	0	0	14,565	5.03
5.04	00570	ADMITTING	1,243,280	80,498	178,246	25,841	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	8,164,203	0	0	33,828	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	45,601,594	606,351	839,810	129,202	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,788,608	37,246	156,201	30,069	6.00
7.00	00700	OPERATION OF PLANT	8,241,546	3,307,311	107,196	3,289	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,135,224	0	0	0	8.00
9.00	00900	HOUSEKEEPING	5,352,864	76,759	13,378	8,457	9.00
10.00	01000	DIETARY	4,028,694	236,778	119,000	22,082	10.00
11.00	01100	CAFETERIA	2,327,396	267,172	0	4,229	0 11.00
13.00	01300	NURSING ADMINISTRATION	3,969,009	13,705	76,481	518,077	8,927 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,129,292	297,179	188,335	143,461	5,638 14.00
15.00	01500	PHARMACY	-1,880,165	108,700	99,060	797,983	15,504 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,696,281	207,342	27,878	336,265	38,056 16.00
17.00	01700	SOCIAL SERVICE	1,763,889	14,331	0	265,744	5,638 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	445,667	17,002	0	64,511	7,517 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	36,911,590	2,495,677	692,439	5,135,225	83,630 30.00
31.00	03100	INTENSIVE CARE UNIT	10,289,378	504,853	134,942	1,520,950	27,720 31.00
40.00	04000	SUBPROVIDER - IPF	2,124,003	256,765	0	299,183	0 40.00
41.00	04100	SUBPROVIDER - IRF	24,512,145	803,083	496,214	1,119,403	23,491 41.00
43.00	04300	NURSERY	1,428,519	49,772	58,691	209,196	9,397 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,608,700	742,718	4,837,686	1,383,555	27,720 50.00
50.01	05001	GAMMA KNIFE	2,374,067	67,972	598	113,335	470 50.01
50.02	03330	ENDOSCOPY	3,041,304	128,299	576,408	309,872	2,349 50.02
51.00	05100	RECOVERY ROOM	1,717,079	112,973	33,232	259,612	6,108 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,711,677	362,794	140,182	392,822	11,276 52.00
53.00	05300	ANESTHESIOLOGY	193,480	8,381	1,006,042	0	940 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,212,180	162,267	666,287	314,964	51,211 54.00
54.01	03630	ULTRA SOUND	1,109,525	84,403	229,302	166,862	940 54.01
54.02	05401	PET SCAN	412,214	25,734	1,045,855	18,559	0 54.02
54.03	03480	ONCOLOGY	1,822,598	182,438	485,478	248,593	0 54.03
54.04	03440	MAMMOGRAPHY	1,043,047	109,418	83,954	139,642	0 54.04
56.00	05600	RADIOISOTOPE	1,352,887	106,655	5,251	57,821	6,108 56.00
57.00	05700	CT SCAN	1,960,130	81,658	328,077	257,840	940 57.00
58.00	05800	MRI	1,232,259	121,539	465,541	162,137	8,457 58.00
59.00	05900	CARDIAC CATHETERIZATION	17,256,145	295,098	1,438,284	716,558	9,397 59.00
60.00	06000	LABORATORY	13,159,313	343,470	978,374	1,296,880	40,875 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,207,867	16,044	13,059	92,729	2,349 63.00
64.00	06400	INTRAVENOUS THERAPY	962,152	9,081	0	144,425	0 64.00
65.00	06500	RESPIRATORY THERAPY	2,992,302	41,465	67,475	441,450	7,517 65.00
66.00	06600	PHYSICAL THERAPY	3,777,267	153,112	9,925	546,068	7,047 66.00
66.01	06601	REHAB OUTPATIENT	2,175,201	119,494	66,852	329,110	7,047 66.01
66.02	06602	REHAB MED SURGICAL	2,527,695	15,676	0	382,638	5,168 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	1,177,418	60,935	317,909	149,017	7,517 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	156,922	45,149	70,794	23,278	7,047 70.00
70.01	07001	NEUROMEG	0	0	0	0	0 70.01
70.02	07002	SLEEP LAB	652,293	108,939	12,976	97,643	470 70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,958,993	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,106,816	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,734,811	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	1,635,182	17,757	0	6,408	0 74.00
76.97	07697	CARDIAC REHABILITATION	537,708	77,127	75,136	80,741	3,289 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,929,733	181,277	115,480	258,266	9,397 90.00
90.01	09001	DAY REHAB	1,329,331	38,407	2,824	167,175	470 90.01
90.02	09002	IMAGING CENTERS	872,087	0	297,303	110,612	4,698 90.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
90.03	09003	COUMADIN CLINIC	172,749	10,666	0	22,888	470	90.03
90.04	09004	WOUND CLINIC	761,602	112,108	19,428	95,397	1,409	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	2,135,435	0	1,378,484	258,831	470	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	260,105	0	4,057	39,291	0	90.06
91.00	09100	EMERGENCY	7,565,366	265,367	171,202	829,538	46,513	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	6,825,006	0	0	973,825	46,043	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	7,140,653	0	126,546	731,312	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	435,496,888	13,695,527	20,307,072	23,322,319	887,977	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	465,411	39,033	4,532	29,935	1,879	190.00
191.00	19100	RESEARCH	0	55,943	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,539,112	30,228	42,668	77,680	0	192.00
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)	439,501,411	13,820,731	20,354,272	23,429,934	889,856	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
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	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	26,637,337					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	831,085	1,421,942				5.03
5.04	00570	ADMITTING	0	583	1,535,762			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	20,244,376	0	0	28,442,407		5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	5,561,876	3,924	0	0	55,686,466	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	85	0	0	4,284,643	6.00
7.00	00700	OPERATION OF PLANT	0	76	0	0	11,659,418	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,135,224	8.00
9.00	00900	HOUSEKEEPING	0	6,997	0	0	5,458,455	9.00
10.00	01000	DIETARY	0	0	0	0	4,412,841	10.00
11.00	01100	CAFETERIA	0	0	0	0	2,598,797	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	4,586,199	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	73,222	0	0	4,837,127	14.00
15.00	01500	PHARMACY	0	336,506	0	0	-522,412	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	695	0	0	3,306,517	16.00
17.00	01700	SOCIAL SERVICE	0	18	0	0	2,049,620	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	205	0	0	534,902	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	27,283	130,687	2,421,761	47,898,292	30.00
31.00	03100	INTENSIVE CARE UNIT	0	16,798	31,178	577,756	13,103,575	31.00
40.00	04000	SUBPROVIDER - IPF	0	470	9,110	168,808	2,858,339	40.00
41.00	04100	SUBPROVIDER - IRF	0	5,474	34,654	642,180	27,636,644	41.00
43.00	04300	NURSERY	0	1,650	8,889	164,717	1,930,831	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	316,454	119,947	2,222,736	25,259,516	50.00
50.01	05001	GAMMA KNIFE	0	156	8,335	154,449	2,719,382	50.01
50.02	03330	ENDOSCOPY	0	24,729	40,575	751,889	4,875,425	50.02
51.00	05100	RECOVERY ROOM	0	676	16,611	307,824	2,454,115	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,949	10,415	192,998	3,828,113	52.00
53.00	05300	ANESTHESIOLOGY	0	11,431	44,879	831,646	2,096,799	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	901	30,392	563,189	4,001,391	54.00
54.01	03630	ULTRA SOUND	0	391	20,524	380,324	1,992,271	54.01
54.02	05401	PET SCAN	0	4,218	8,046	149,109	1,663,735	54.02
54.03	03480	ONCOLOGY	0	2,571	31,950	592,067	3,365,695	54.03
54.04	03440	MAMMOGRAPHY	0	1,815	11,289	209,192	1,598,357	54.04
56.00	05600	RADIOISOTOPE	0	14,085	15,232	282,255	1,840,294	56.00
57.00	05700	CT SCAN	0	5,484	73,639	1,364,609	4,072,377	57.00
58.00	05800	MRI	0	3,204	26,055	482,827	2,502,019	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	383,146	100,427	1,861,006	22,060,061	59.00
60.00	06000	LABORATORY	0	80,952	186,515	3,439,565	19,525,944	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	23,272	7,647	141,699	2,504,666	63.00
64.00	06400	INTRAVENOUS THERAPY	0	5,937	1,479	27,411	1,150,485	64.00
65.00	06500	RESPIRATORY THERAPY	0	5,290	34,980	648,219	4,238,698	65.00
66.00	06600	PHYSICAL THERAPY	0	271	26,746	495,638	5,016,074	66.00
66.01	06601	REHAB OUTPATIENT	0	370	9,615	178,175	2,885,864	66.01
66.02	06602	REHAB MED SURGICAL	0	71	12,976	240,461	3,184,685	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,284	35,953	666,240	2,418,273	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	207	3,055	56,618	363,070	70.00
70.01	07001	NEUROLOG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0	1,020	8,566	158,736	1,040,643	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	50,863	942,532	14,952,388	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	64,831	1,201,390	25,373,037	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	127,386	2,360,583	33,222,780	73.00
74.00	07400	RENAL DIALYSIS	0	245	5,061	93,778	1,758,431	74.00
76.97	07697	CARDIAC REHABILITATION	0	206	1,366	25,308	800,881	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	7,535	11,349	210,313	2,723,350	90.00
90.01	09001	DAY REHAB	0	176	7,071	131,040	1,676,494	90.01
90.02	09002	IMAGING CENTERS	0	536	10,040	186,046	1,481,322	90.02
90.03	09003	COUMADIN CLINIC	0	325	868	16,089	224,055	90.03
90.04	09004	WOUND CLINIC	0	13,043	13,324	246,903	1,263,214	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	5,393	45,765	848,062	4,672,440	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	21	354	6,564	310,392	90.06

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
91.00	09100	EMERGENCY	0	19,188	82,964	1,537,401	10,517,539	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS					0	92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	295	7,345	136,112	7,988,626	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	4,176	6,809	126,182	8,135,678	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	26,637,337	1,421,009	1,535,762	28,442,407	435,214,057	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6	0	0	540,796	190.00
191.00	19100	RESEARCH	0	0	0	0	55,943	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	927	0	0	3,690,615	192.00
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)	26,637,337	1,421,942	1,535,762	28,442,407	439,501,411	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	55,686,466					5.06
6.00	00600	MAINTENANCE & REPAIRS	620,802	4,905,445				6.00
7.00	00700	OPERATION OF PLANT	1,689,333	1,248,940	14,597,691			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	164,483	0	0	1,299,707		8.00
9.00	00900	HOUSEKEEPING	790,876	28,986	115,721	0	6,394,038	9.00
10.00	01000	DIETARY	639,377	89,415	356,966	0	157,607	10.00
11.00	01100	CAFETERIA	376,540	100,892	402,788	0	177,838	11.00
13.00	01300	NURSING ADMINISTRATION	664,494	5,175	20,662	0	9,122	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	700,851	112,224	448,027	0	197,812	14.00
15.00	01500	PHARMACY	0	41,048	163,876	0	72,354	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	479,081	78,299	312,589	0	138,013	16.00
17.00	01700	SOCIAL SERVICE	296,969	5,412	21,606	0	9,539	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	77,502	6,421	25,632	0	11,317	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,939,809	942,445	3,762,480	622,707	1,661,201	30.00
31.00	03100	INTENSIVE CARE UNIT	1,898,577	190,648	761,116	54,265	336,046	31.00
40.00	04000	SUBPROVIDER - IPF	414,145	96,962	387,098	49,491	170,910	40.00
41.00	04100	SUBPROVIDER - IRF	4,004,273	303,269	1,210,726	176,731	534,556	41.00
43.00	04300	NURSERY	279,758	18,796	75,037	0	33,130	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,659,851	280,473	1,119,721	140,226	494,376	50.00
50.01	05001	GAMMA KNIFE	394,011	25,668	102,474	0	45,244	50.01
50.02	03330	ENDOSCOPY	706,400	48,450	193,424	48,094	85,400	50.02
51.00	05100	RECOVERY ROOM	355,577	42,662	170,319	24,763	75,199	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	554,655	137,002	546,947	40,924	241,486	52.00
53.00	05300	ANESTHESIOLOGY	303,805	3,165	12,636	0	5,579	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	579,762	61,277	244,633	0	108,010	54.00
54.01	03630	ULTRA SOUND	288,660	31,873	127,246	28,125	56,181	54.01
54.02	05401	PET SCAN	241,059	9,718	38,796	0	17,129	54.02
54.03	03480	ONCOLOGY	487,656	68,894	275,042	0	121,436	54.03
54.04	03440	MAMMOGRAPHY	231,586	41,320	164,959	0	72,832	54.04
56.00	05600	RADIOISOTOPE	266,640	40,276	160,793	0	70,993	56.00
57.00	05700	CT SCAN	590,047	30,837	123,108	0	54,354	57.00
58.00	05800	MRI	362,518	45,897	183,232	0	80,900	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,196,282	111,438	444,889	0	196,426	59.00
60.00	06000	LABORATORY	2,829,114	129,705	517,815	0	228,624	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	362,901	6,059	24,188	0	10,680	63.00
64.00	06400	INTRAVENOUS THERAPY	166,694	3,429	13,691	0	6,045	64.00
65.00	06500	RESPIRATORY THERAPY	614,145	15,658	62,512	0	27,600	65.00
66.00	06600	PHYSICAL THERAPY	726,779	57,820	230,831	0	101,916	66.00
66.01	06601	REHAB OUTPATIENT	418,133	45,125	180,149	0	79,539	66.01
66.02	06602	REHAB MED SURGICAL	461,429	5,920	23,633	0	10,434	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	350,384	23,011	91,866	0	40,560	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	52,605	17,050	68,066	0	30,052	70.00
70.01	07001	NEUROLOG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	150,779	41,139	164,237	0	72,513	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,166,451	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,676,299	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,813,649	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	254,779	6,706	26,771	0	11,820	74.00
76.97	07697	CARDIAC REHABILITATION	116,040	29,126	116,277	0	51,338	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	394,586	68,456	273,293	0	120,664	90.00
90.01	09001	DAY REHAB	242,907	14,504	57,902	0	25,565	90.01
90.02	09002	IMAGING CENTERS	214,629	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	32,463	4,028	16,079	0	7,099	90.03
90.04	09004	WOUND CLINIC	183,027	42,335	169,013	0	74,622	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	676,990	0	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	44,973	0	0	0	0	90.06
91.00	09100	EMERGENCY	1,523,886	100,211	400,067	114,381	176,636	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/27/2019 8:37 am

Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	1,157,472	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	1,178,778	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	55,065,271	4,858,164	14,408,933	1,299,707	6,310,697	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	78,356	14,740	58,846	0	25,982	190.00
191.00	19100	RESEARCH	8,106	21,126	84,340	0	37,238	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	534,733	11,415	45,572	0	20,121	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	55,686,466	4,905,445	14,597,691	1,299,707	6,394,038	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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11/27/2019 8:37 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND 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	5,656,206					10.00
11.00	01100	CAFETERIA	0	3,656,855				11.00
13.00	01300	NURSING ADMINISTRATION	0	59,919	5,345,571			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	42,509	0	6,338,550		14.00
15.00	01500	PHARMACY	0	112,256	0	0	-132,878	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	63,505	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	42,639	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	17,604	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,360,428	1,002,078	2,272,334	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	519,651	247,582	598,509	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	311,076	68,689	166,050	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,188,644	250,368	559,651	0	0	41.00
43.00	04300	NURSERY	276,407	27,238	65,830	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	224,383	542,467	0	0	50.00
50.01	05001	GAMMA KNIFE	0	7,690	18,565	0	0	50.01
50.02	03330	ENDOSCOPY	0	51,992	125,671	0	0	50.02
51.00	05100	RECOVERY ROOM	0	35,316	85,377	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	64,952	157,027	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	67,738	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	22,054	0	0	0	54.01
54.02	05401	PET SCAN	0	2,722	0	0	0	54.02
54.03	03480	ONCOLOGY	0	29,506	0	0	0	54.03
54.04	03440	MAMMOGRAPHY	0	23,415	0	0	0	54.04
56.00	05600	RADIOISOTOPE	0	8,122	0	0	0	56.00
57.00	05700	CT SCAN	0	37,887	0	0	0	57.00
58.00	05800	MRI	0	21,535	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	97,266	235,129	0	0	59.00
60.00	06000	LABORATORY	0	300,416	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	15,034	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	20,002	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	81,519	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	94,933	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0	55,037	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0	57,586	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	24,840	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,493	0	0	0	70.00
70.01	07001	NEUROLOG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0	22,291	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,324,396	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,014,154	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	821	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	11,621	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	41,883	71,017	0	0	90.00
90.01	09001	DAY REHAB	0	29,420	0	0	0	90.01
90.02	09002	IMAGING CENTERS	0	17,863	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	0	3,931	9,495	0	0	90.03
90.04	09004	WOUND CLINIC	0	20,304	49,065	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	47,413	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	6,502	15,716	0	0	90.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
91.00	09100	EMERGENCY	0	154,571	373,668	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,656,206	3,639,445	5,345,571	6,338,550	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,705	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	8,705	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	-132,878	201.00
202.00		TOTAL (sum lines 118 through 201)	5,656,206	3,656,855	5,345,571	6,338,550	-132,878	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM	Subtotal	
			16.00	17.00	19.00	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	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND 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	4,378,004					16.00
17.00	01700	SOCIAL SERVICE	0	2,425,785				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0		673,378		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,601,030	1,441,191	0	400,063	72,904,058	30.00
31.00	03100	INTENSIVE CARE UNIT	402,219	222,864	0	61,865	18,396,917	31.00
40.00	04000	SUBPROVIDER - IPF	240,779	133,412	0	37,034	4,933,985	40.00
41.00	04100	SUBPROVIDER - IRF	920,032	509,775	0	141,509	37,436,178	41.00
43.00	04300	NURSERY	213,944	118,543	0	32,907	3,072,421	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	31,721,013	50.00
50.01	05001	GAMMA KNIFE	0	0	0	0	3,313,034	50.01
50.02	03330	ENDOSCOPY	0	0	0	0	6,134,856	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	3,243,328	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	5,571,106	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	2,421,984	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	5,062,811	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	2,546,410	54.01
54.02	05401	PET SCAN	0	0	0	0	1,973,159	54.02
54.03	03480	ONCOLOGY	0	0	0	0	4,348,229	54.03
54.04	03440	MAMMOGRAPHY	0	0	0	0	2,132,469	54.04
56.00	05600	RADIOISOTOPE	0	0	0	0	2,387,118	56.00
57.00	05700	CT SCAN	0	0	0	0	4,908,610	57.00
58.00	05800	MRI	0	0	0	0	3,196,101	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	26,341,491	59.00
60.00	06000	LABORATORY	0	0	0	0	23,531,618	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	2,923,528	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	1,360,346	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	5,040,132	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	6,228,353	66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	0	3,663,847	66.01
66.02	06602	REHAB MED SURGICAL	0	0	0	0	3,743,687	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	2,948,934	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	535,336	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0	0	0	0	1,491,602	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	19,443,235	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	33,063,490	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	38,036,429	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	2,059,328	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	1,125,283	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	3,693,249	90.00
90.01	09001	DAY REHAB	0	0	0	0	2,046,792	90.01
90.02	09002	IMAGING CENTERS	0	0	0	0	1,713,814	90.02
90.03	09003	COUMADIN CLINIC	0	0	0	0	297,150	90.03
90.04	09004	WOUND CLINIC	0	0	0	0	1,801,580	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	0	5,396,843	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	377,583	90.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM	Subtotal	
			16.00	17.00	19.00	23.00	24.00	
91.00	09100	EMERGENCY	0	0	0	0	13,360,959	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	9,146,098	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	0		0	9,314,456	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,378,004	2,425,785	0	673,378	434,388,950	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	727,425	190.00
191.00	19100	RESEARCH	0	0	0	0	206,753	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	4,311,161	192.00
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	-132,878	201.00
202.00		TOTAL (sum lines 118 through 201)	4,378,004	2,425,785	0	673,378	439,501,411	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	ADMINISTRATIVE AND 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
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 72,904,058	30.00
31.00	03100	INTENSIVE CARE UNIT	0 18,396,917	31.00
40.00	04000	SUBPROVIDER - IPF	0 4,933,985	40.00
41.00	04100	SUBPROVIDER - IRF	0 37,436,178	41.00
43.00	04300	NURSERY	0 3,072,421	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 31,721,013	50.00
50.01	05001	GAMMA KNIFE	0 3,313,034	50.01
50.02	03330	ENDOSCOPY	0 6,134,856	50.02
51.00	05100	RECOVERY ROOM	0 3,243,328	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0 5,571,106	52.00
53.00	05300	ANESTHESIOLOGY	0 2,421,984	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 5,062,811	54.00
54.01	03630	ULTRA SOUND	0 2,546,410	54.01
54.02	05401	PET SCAN	0 1,973,159	54.02
54.03	03480	ONCOLOGY	0 4,348,229	54.03
54.04	03440	MAMMOGRAPHY	0 2,132,469	54.04
56.00	05600	RADIOISOTOPE	0 2,387,118	56.00
57.00	05700	CT SCAN	0 4,908,610	57.00
58.00	05800	MRI	0 3,196,101	58.00
59.00	05900	CARDIAC CATHETERIZATION	0 26,341,491	59.00
60.00	06000	LABORATORY	0 23,531,618	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0 2,923,528	63.00
64.00	06400	INTRAVENOUS THERAPY	0 1,360,346	64.00
65.00	06500	RESPIRATORY THERAPY	0 5,040,132	65.00
66.00	06600	PHYSICAL THERAPY	0 6,228,353	66.00
66.01	06601	REHAB OUTPATIENT	0 3,663,847	66.01
66.02	06602	REHAB MED SURGICAL	0 3,743,687	66.02
67.00	06700	OCCUPATIONAL THERAPY	0 0	67.00
68.00	06800	SPEECH PATHOLOGY	0 0	68.00
69.00	06900	ELECTROCARDIOLOGY	0 2,948,934	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0 535,336	70.00
70.01	07001	NEUROMEG	-1 -1	70.01
70.02	07002	SLEEP LAB	0 1,491,602	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0 19,443,235	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0 33,063,490	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 38,036,429	73.00
74.00	07400	RENAL DIALYSIS	0 2,059,328	74.00
76.97	07697	CARDIAC REHABILITATION	0 1,125,283	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0 0	76.98
76.99	07699	LITHOTRIPSY	0 0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0 3,693,249	90.00
90.01	09001	DAY REHAB	0 2,046,792	90.01
90.02	09002	IMAGING CENTERS	0 1,713,814	90.02
90.03	09003	COUMADIN CLINIC	0 297,150	90.03
90.04	09004	WOUND CLINIC	0 1,801,580	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0258

Period:
From 07/01/2018
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	5,396,843		90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	377,583		90.06
91.00	09100	EMERGENCY	0	13,360,959		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
101.00	10100	HOME HEALTH AGENCY	0	9,146,098		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW - SNF				114.00
116.00	11600	HOSPICE	0	9,314,456		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	434,388,949		118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	727,425		190.00
191.00	19100	RESEARCH	0	206,753		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,311,161		192.00
200.00		Cross Foot Adjustments	0	0		200.00
201.00		Negative Cost Centers	0	-132,878		201.00
202.00		TOTAL (sum lines 118 through 201)	0	439,501,410		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/27/2019 8:37 am

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	68,156	0	68,156	4.00
5.01	00540	NONPATIENT TELEPHONES	0	29,676	0	29,676	5.01
5.02	00550	DATA PROCESSING	0	8,750	0	8,750	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	0	80,498	7,314	87,812	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	0	606,351	2,943,709	3,550,060	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	37,246	272,434	309,680	6.00
7.00	00700	OPERATION OF PLANT	0	3,307,311	107,196	3,414,507	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	76,759	13,378	90,137	9.00
10.00	01000	DIETARY	0	236,778	119,000	355,778	10.00
11.00	01100	CAFETERIA	0	267,172	0	267,172	11.00
13.00	01300	NURSING ADMINISTRATION	0	13,705	76,481	90,186	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	297,179	188,335	485,514	14.00
15.00	01500	PHARMACY	0	108,700	99,060	207,760	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	207,342	27,878	235,220	16.00
17.00	01700	SOCIAL SERVICE	0	14,331	0	14,331	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	17,002	0	17,002	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	2,495,677	692,439	3,188,116	30.00
31.00	03100	INTENSIVE CARE UNIT	0	504,853	134,942	639,795	31.00
40.00	04000	SUBPROVIDER - IPF	0	256,765	0	256,765	40.00
41.00	04100	SUBPROVIDER - IRF	0	803,083	496,214	1,299,297	41.00
43.00	04300	NURSERY	0	49,772	58,691	108,463	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	742,718	4,837,686	5,580,404	50.00
50.01	05001	GAMMA KNIFE	0	67,972	598	68,570	50.01
50.02	03330	ENDOSCOPY	0	128,299	576,408	704,707	50.02
51.00	05100	RECOVERY ROOM	0	112,973	33,232	146,205	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	362,794	140,182	502,976	52.00
53.00	05300	ANESTHESIOLOGY	0	8,381	1,006,042	1,014,423	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	162,267	666,287	828,554	54.00
54.01	03630	ULTRA SOUND	0	84,403	229,302	313,705	54.01
54.02	05401	PET SCAN	0	25,734	1,045,855	1,071,589	54.02
54.03	03480	ONCOLOGY	0	182,438	485,478	667,916	54.03
54.04	03440	MAMMOGRAPHY	0	109,418	83,954	193,372	54.04
56.00	05600	RADIOISOTOPE	0	106,655	5,251	111,906	56.00
57.00	05700	CT SCAN	0	81,658	328,077	409,735	57.00
58.00	05800	MRI	0	121,539	465,541	587,080	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	295,098	1,438,284	1,733,382	59.00
60.00	06000	LABORATORY	0	343,470	978,374	1,321,844	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	16,044	13,059	29,103	63.00
64.00	06400	INTRAVENOUS THERAPY	0	9,081	0	9,081	64.00
65.00	06500	RESPIRATORY THERAPY	0	41,465	67,475	108,940	65.00
66.00	06600	PHYSICAL THERAPY	0	153,112	9,925	163,037	66.00
66.01	06601	REHAB OUTPATIENT	0	119,494	66,852	186,346	66.01
66.02	06602	REHAB MED SURGICAL	0	15,676	0	15,676	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	60,935	317,909	378,844	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	45,149	70,794	115,943	70.00
70.01	07001	NEUROLOG	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0	108,939	12,976	121,915	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	17,757	0	17,757	74.00
76.97	07697	CARDIAC REHABILITATION	0	77,127	75,136	152,263	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	181,277	115,480	296,757	90.00
90.01	09001	DAY REHAB	0	38,407	2,824	41,231	90.01
90.02	09002	IMAGING CENTERS	0	0	297,303	297,303	90.02
90.03	09003	COUMADIN CLINIC	0	10,666	0	10,666	90.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
				1.00	2.00	2A	4.00	
90.04	09004	WOUND CLINIC	0	112,108	19,428	131,536	277	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	1,378,484	1,378,484	753	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	4,057	4,057	114	90.06
91.00	09100	EMERGENCY	0	265,367	171,202	436,569	2,412	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0			0		92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	2,831	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	0	126,546	126,546	2,126	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	13,695,527	20,307,072	34,002,599	67,843	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	39,033	4,532	43,565	87	190.00
191.00	19100	RESEARCH	0	55,943	0	55,943	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	30,228	42,668	72,896	226	192.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	13,820,731	20,354,272	34,175,003	68,156	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
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	00540	NONPATIENT TELEPHONES	29,990					5.01
5.02	00550	DATA PROCESSING	2,407	11,157				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	491	348	839			5.03
5.04	00570	ADMITTING	871	0	0	89,201		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,140	8,479	0	0	9,619	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	4,350	2,330	2	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,013	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	111	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	285	0	4	0	0	9.00
10.00	01000	DIETARY	744	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	301	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	190	0	45	0	0	14.00
15.00	01500	PHARMACY	523	0	208	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,283	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	190	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	253	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,818	0	17	7,517	771	30.00
31.00	03100	INTENSIVE CARE UNIT	934	0	10	1,793	184	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	524	54	40.00
41.00	04100	SUBPROVIDER - IRF	792	0	3	1,993	204	41.00
43.00	04300	NURSERY	317	0	1	511	52	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	934	0	196	6,900	708	50.00
50.01	05001	GAMMA KNIFE	16	0	0	479	49	50.01
50.02	03330	ENDOSCOPY	79	0	15	2,334	239	50.02
51.00	05100	RECOVERY ROOM	206	0	0	956	98	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	380	0	4	599	61	52.00
53.00	05300	ANESTHESIOLOGY	32	0	7	2,582	265	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,726	0	1	1,748	179	54.00
54.01	03630	ULTRA SOUND	32	0	0	1,181	121	54.01
54.02	05401	PET SCAN	0	0	3	463	47	54.02
54.03	03480	ONCOLOGY	0	0	2	1,838	188	54.03
54.04	03440	MAMMOGRAPHY	0	0	1	649	67	54.04
56.00	05600	RADIOISOTOPE	206	0	9	876	90	56.00
57.00	05700	CT SCAN	32	0	3	4,236	434	57.00
58.00	05800	MRI	285	0	2	1,499	154	58.00
59.00	05900	CARDIAC CATHETERIZATION	317	0	200	5,777	592	59.00
60.00	06000	LABORATORY	1,378	0	50	11,588	1,661	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	79	0	14	440	45	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	4	85	9	64.00
65.00	06500	RESPIRATORY THERAPY	253	0	3	2,012	206	65.00
66.00	06600	PHYSICAL THERAPY	238	0	0	1,539	158	66.00
66.01	06601	REHAB OUTPATIENT	238	0	0	553	57	66.01
66.02	06602	REHAB MED SURGICAL	174	0	0	746	77	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	253	0	2	2,068	212	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	238	0	0	176	18	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	16	0	1	493	51	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,926	300	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,729	382	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,328	752	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	291	30	74.00
76.97	07697	CARDIAC REHABILITATION	111	0	0	79	8	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	317	0	5	653	67	90.00
90.01	09001	DAY REHAB	16	0	0	407	42	90.01
90.02	09002	IMAGING CENTERS	158	0	0	578	59	90.02
90.03	09003	COUMADIN CLINIC	16	0	0	50	5	90.03
90.04	09004	WOUND CLINIC	48	0	8	766	79	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	16	0	3	2,632	270	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	20	2	90.06

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
91.00	09100	EMERGENCY	1,568	0	12	4,772	489	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	1,552	0	0	423	43	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	0	3	392	40	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,927	11,157	838	89,201	9,619	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	63	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	29,990	11,157	839	89,201	9,619	202.00

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Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	3,559,184					5.06
6.00	00600	MAINTENANCE & REPAIRS	39,680	350,827				6.00
7.00	00700	OPERATION OF PLANT	107,978	89,323	3,611,919			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,513	0	0	10,513		8.00
9.00	00900	HOUSEKEEPING	50,551	2,073	28,633	0	171,683	9.00
10.00	01000	DIETARY	40,867	6,395	88,325	0	4,232	10.00
11.00	01100	CAFETERIA	24,067	7,216	99,662	0	4,775	11.00
13.00	01300	NURSING ADMINISTRATION	42,473	370	5,112	0	245	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	44,797	8,026	110,856	0	5,311	14.00
15.00	01500	PHARMACY	0	2,936	40,548	0	1,943	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	30,622	5,600	77,344	0	3,706	16.00
17.00	01700	SOCIAL SERVICE	18,982	387	5,346	0	256	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	4,954	459	6,342	0	304	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	443,421	67,402	930,955	5,038	44,604	30.00
31.00	03100	INTENSIVE CARE UNIT	121,352	13,635	188,323	439	9,023	31.00
40.00	04000	SUBPROVIDER - IPF	26,471	6,935	95,780	400	4,589	40.00
41.00	04100	SUBPROVIDER - IRF	255,943	21,689	299,571	1,430	14,353	41.00
43.00	04300	NURSERY	17,881	1,344	18,566	0	890	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	233,928	20,059	277,053	1,134	13,274	50.00
50.01	05001	GAMMA KNIFE	25,184	1,836	25,355	0	1,215	50.01
50.02	03330	ENDOSCOPY	45,151	3,465	47,859	389	2,293	50.02
51.00	05100	RECOVERY ROOM	22,728	3,051	42,142	200	2,019	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,452	9,798	135,332	331	6,484	52.00
53.00	05300	ANESTHESIOLOGY	19,418	226	3,126	0	150	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,057	4,382	60,530	0	2,900	54.00
54.01	03630	ULTRA SOUND	18,450	2,280	31,485	227	1,508	54.01
54.02	05401	PET SCAN	15,408	695	9,599	0	460	54.02
54.03	03480	ONCOLOGY	31,170	4,927	68,054	0	3,261	54.03
54.04	03440	MAMMOGRAPHY	14,802	2,955	40,816	0	1,956	54.04
56.00	05600	RADIOISOTOPE	17,043	2,880	39,785	0	1,906	56.00
57.00	05700	CT SCAN	37,714	2,205	30,461	0	1,459	57.00
58.00	05800	MRI	23,171	3,282	45,337	0	2,172	58.00
59.00	05900	CARDIAC CATHETERIZATION	204,298	7,970	110,079	0	5,274	59.00
60.00	06000	LABORATORY	180,830	9,276	128,123	0	6,139	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	23,196	433	5,985	0	287	63.00
64.00	06400	INTRAVENOUS THERAPY	10,655	245	3,388	0	162	64.00
65.00	06500	RESPIRATORY THERAPY	39,255	1,120	15,467	0	741	65.00
66.00	06600	PHYSICAL THERAPY	46,454	4,135	57,115	0	2,736	66.00
66.01	06601	REHAB OUTPATIENT	26,726	3,227	44,575	0	2,136	66.01
66.02	06602	REHAB MED SURGICAL	29,493	423	5,848	0	280	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	22,396	1,646	22,730	0	1,089	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,362	1,219	16,842	0	807	70.00
70.01	07001	NEUROLOG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	9,637	2,942	40,637	0	1,947	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	138,474	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	234,980	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	307,676	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	16,285	480	6,624	0	317	74.00
76.97	07697	CARDIAC REHABILITATION	7,417	2,083	28,770	0	1,378	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	25,221	4,896	67,621	0	3,240	90.00
90.01	09001	DAY REHAB	15,526	1,037	14,327	0	686	90.01
90.02	09002	IMAGING CENTERS	13,719	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	2,075	288	3,979	0	191	90.03
90.04	09004	WOUND CLINIC	11,699	3,028	41,819	0	2,004	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	43,271	0	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	2,875	0	0	0	0	90.06
91.00	09100	EMERGENCY	97,403	7,167	98,989	925	4,743	91.00

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Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	73,983	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	75,345	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,519,479	347,446	3,565,215	10,513	169,445	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,008	1,054	14,560	0	698	190.00
191.00	19100	RESEARCH	518	1,511	20,868	0	1,000	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	34,179	816	11,276	0	540	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,559,184	350,827	3,611,919	10,513	171,683	202.00

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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND 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	496,359					10.00
11.00	01100	CAFETERIA	0	402,904				11.00
13.00	01300	NURSING ADMINISTRATION	0	6,602	146,795			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,684	0	659,840		14.00
15.00	01500	PHARMACY	0	12,368	0	0	268,606	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,997	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	4,698	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	1,940	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	294,894	110,406	62,399	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	45,602	27,278	16,436	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	27,298	7,568	4,560	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	104,309	27,585	15,369	0	0	41.00
43.00	04300	NURSERY	24,256	3,001	1,808	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	24,722	14,897	0	0	50.00
50.01	05001	GAMMA KNIFE	0	847	510	0	0	50.01
50.02	03330	ENDOSCOPY	0	5,728	3,451	0	0	50.02
51.00	05100	RECOVERY ROOM	0	3,891	2,345	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,156	4,312	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,463	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	2,430	0	0	0	54.01
54.02	05401	PET SCAN	0	300	0	0	0	54.02
54.03	03480	ONCOLOGY	0	3,251	0	0	0	54.03
54.04	03440	MAMMOGRAPHY	0	2,580	0	0	0	54.04
56.00	05600	RADIOISOTOPE	0	895	0	0	0	56.00
57.00	05700	CT SCAN	0	4,174	0	0	0	57.00
58.00	05800	MRI	0	2,373	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,717	6,457	0	0	59.00
60.00	06000	LABORATORY	0	33,099	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,656	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,204	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	8,982	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	10,460	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0	6,064	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0	6,345	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,737	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	495	0	0	0	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0	2,456	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	241,965	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	417,875	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	90	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,280	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	4,615	1,950	0	0	90.00
90.01	09001	DAY REHAB	0	3,241	0	0	0	90.01
90.02	09002	IMAGING CENTERS	0	1,968	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	0	433	261	0	0	90.03
90.04	09004	WOUND CLINIC	0	2,237	1,347	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	5,224	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	716	432	0	0	90.06

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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
91.00	09100	EMERGENCY	0	17,030	10,261	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	496,359	400,986	146,795	659,840	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	959	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	959	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	268,606	201.00
202.00		TOTAL (sum lines 118 through 201)	496,359	402,904	146,795	659,840	268,606	202.00

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM	Subtotal	
			16.00	17.00	19.00	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	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND 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	361,750					16.00
17.00	01700	SOCIAL SERVICE	0	44,963				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0		31,442		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	214,921	26,713			5,414,954	30.00
31.00	03100	INTENSIVE CARE UNIT	33,235	4,131			1,106,592	31.00
40.00	04000	SUBPROVIDER - IPF	19,895	2,473			454,182	40.00
41.00	04100	SUBPROVIDER - IRF	76,021	9,449			2,131,263	41.00
43.00	04300	NURSERY	17,678	2,197			197,573	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0			6,178,232	50.00
50.01	05001	GAMMA KNIFE	0	0			124,391	50.01
50.02	03330	ENDOSCOPY	0	0			816,611	50.02
51.00	05100	RECOVERY ROOM	0	0			224,596	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0			704,027	52.00
53.00	05300	ANESTHESIOLOGY	0	0			1,040,229	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			945,456	54.00
54.01	03630	ULTRA SOUND	0	0			371,904	54.01
54.02	05401	PET SCAN	0	0			1,098,618	54.02
54.03	03480	ONCOLOGY	0	0			781,330	54.03
54.04	03440	MAMMOGRAPHY	0	0			257,604	54.04
56.00	05600	RADIOISOTOPE	0	0			175,764	56.00
57.00	05700	CT SCAN	0	0			491,203	57.00
58.00	05800	MRI	0	0			665,826	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0			2,087,146	59.00
60.00	06000	LABORATORY	0	0			1,697,759	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0			61,508	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0			26,253	64.00
65.00	06500	RESPIRATORY THERAPY	0	0			178,262	65.00
66.00	06600	PHYSICAL THERAPY	0	0			287,460	66.00
66.01	06601	REHAB OUTPATIENT	0	0			270,879	66.01
66.02	06602	REHAB MED SURGICAL	0	0			60,174	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0			0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0			0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0			432,410	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0			139,168	70.00
70.01	07001	NEUROMEG	0	0			0	70.01
70.02	07002	SLEEP LAB	0	0			180,379	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			383,665	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			656,966	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0			315,756	73.00
74.00	07400	RENAL DIALYSIS	0	0			41,893	74.00
76.97	07697	CARDIAC REHABILITATION	0	0			193,624	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0			0	76.98
76.99	07699	LITHOTRIPSY	0	0			0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0			406,093	90.00
90.01	09001	DAY REHAB	0	0			76,999	90.01
90.02	09002	IMAGING CENTERS	0	0			314,107	90.02
90.03	09003	COUMADIN CLINIC	0	0			18,031	90.03
90.04	09004	WOUND CLINIC	0	0			194,848	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0			1,430,653	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0			8,216	90.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/27/2019 8:37 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM	Subtotal	
			16.00	17.00	19.00	23.00	24.00	
91.00	09100	EMERGENCY	0	0			682,340	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0			0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0			78,832	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	0			204,452	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	361,750	44,963	0	0	33,608,228	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			65,994	190.00
191.00	19100	RESEARCH	0	0			79,840	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0			120,893	192.00
200.00		Cross Foot Adjustments			0	31,442	31,442	200.00
201.00		Negative Cost Centers	0	0	0	0	268,606	201.00
202.00		TOTAL (sum lines 118 through 201)	361,750	44,963	0	31,442	34,175,003	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
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	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	ADMINISTRATIVE AND 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
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,414,954	31.00
40.00	04000	SUBPROVIDER - IPF	1,106,592	40.00
41.00	04100	SUBPROVIDER - IRF	454,182	41.00
43.00	04300	NURSERY	2,131,263	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	GAMMA KNIFE	6,178,232	50.01
50.02	03330	ENDOSCOPY	124,391	50.02
51.00	05100	RECOVERY ROOM	816,611	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	224,596	52.00
53.00	05300	ANESTHESIOLOGY	704,027	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,040,229	54.00
54.01	03630	ULTRA SOUND	945,456	54.01
54.02	05401	PET SCAN	371,904	54.02
54.03	03480	ONCOLOGY	1,098,618	54.03
54.04	03440	MAMMOGRAPHY	781,330	54.04
56.00	05600	RADIOISOTOPE	257,604	56.00
57.00	05700	CT SCAN	175,764	57.00
58.00	05800	MRI	491,203	58.00
59.00	05900	CARDIAC CATHETERIZATION	665,826	59.00
60.00	06000	LABORATORY	2,087,146	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,697,759	63.00
64.00	06400	INTRAVENOUS THERAPY	61,508	64.00
65.00	06500	RESPIRATORY THERAPY	26,253	65.00
66.00	06600	PHYSICAL THERAPY	178,262	66.00
66.01	06601	REHAB OUTPATIENT	287,460	66.01
66.02	06602	REHAB MED SURGICAL	270,879	66.02
67.00	06700	OCCUPATIONAL THERAPY	60,174	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	432,410	70.00
70.01	07001	NEUROMEG	139,168	70.01
70.02	07002	SLEEP LAB	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	180,379	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	383,665	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	656,966	73.00
74.00	07400	RENAL DIALYSIS	315,756	74.00
76.97	07697	CARDIAC REHABILITATION	41,893	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	193,624	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	09001	DAY REHAB	406,093	90.01
90.02	09002	IMAGING CENTERS	76,999	90.02
90.03	09003	COUMADIN CLINIC	314,107	90.03
90.04	09004	WOUND CLINIC	18,031	90.04
			194,848	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	1,430,653		90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	8,216		90.06
91.00	09100	EMERGENCY	0	682,340		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
101.00	10100	HOME HEALTH AGENCY	0	78,832		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW - SNF				114.00
116.00	11600	HOSPICE	0	204,452		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	33,608,228		118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	65,994		190.00
191.00	19100	RESEARCH	0	79,840		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	120,893		192.00
200.00		Cross Foot Adjustments	0	31,442		200.00
201.00		Negative Cost Centers	0	268,606		201.00
202.00		TOTAL (sum lines 118 through 201)	0	34,175,003		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0258

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	DATA PROCESSING (DATA PROCESSING)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPRECIATION)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	750,287					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,280,153				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,700	0	143,110,532			4.00
5.01	00540	NONPATIENT TELEPHONES	1,611	0	658,776	1,894		5.01
5.02	00550	DATA PROCESSING	475	0	0	152	10,000	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	31	312	5.03
5.04	00570	ADMITTING	4,370	2,616	1,088,731	55	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	72	7,600	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	32,917	1,052,882	5,129,581	275	2,088	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,022	97,442	954,080	64	0	6.00
7.00	00700	OPERATION OF PLANT	179,544	38,341	0	7	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,167	4,785	0	18	0	9.00
10.00	01000	DIETARY	12,854	42,563	38,400	47	0	10.00
11.00	01100	CAFETERIA	14,504	0	25,833	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	744	27,355	3,164,430	19	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,133	67,362	876,266	12	0	14.00
15.00	01500	PHARMACY	5,901	35,431	4,874,103	33	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,256	9,971	2,053,914	81	0	16.00
17.00	01700	SOCIAL SERVICE	778	0	1,623,169	12	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	923	0	394,035	16	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	135,483	247,666	31,365,955	178	0	30.00
31.00	03100	INTENSIVE CARE UNIT	27,407	48,265	9,290,006	59	0	31.00
40.00	04000	SUBPROVIDER - IPF	13,939	0	1,827,417	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	43,597	177,482	6,837,345	50	0	41.00
43.00	04300	NURSERY	2,702	20,992	1,277,774	20	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,320	1,730,306	8,450,788	59	0	50.00
50.01	05001	GAMMA KNIFE	3,690	214	692,253	1	0	50.01
50.02	03330	ENDOSCOPY	6,965	206,165	1,892,709	5	0	50.02
51.00	05100	RECOVERY ROOM	6,133	11,886	1,585,716	13	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,695	50,139	2,399,369	24	0	52.00
53.00	05300	ANESTHESIOLOGY	455	359,833	0	2	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,809	238,312	1,923,808	109	0	54.00
54.01	03630	ULTRA SOUND	4,582	82,015	1,019,196	2	0	54.01
54.02	05401	PET SCAN	1,397	374,073	113,358	0	0	54.02
54.03	03480	ONCOLOGY	9,904	173,642	1,518,412	0	0	54.03
54.04	03440	MAMMOGRAPHY	5,940	30,028	852,936	0	0	54.04
56.00	05600	RADIOISOTOPE	5,790	1,878	353,170	13	0	56.00
57.00	05700	CT SCAN	4,433	117,344	1,574,896	2	0	57.00
58.00	05800	MRI	6,598	166,511	990,339	18	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,020	514,434	4,376,754	20	0	59.00
60.00	06000	LABORATORY	18,646	349,937	7,921,377	87	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	871	4,671	566,391	5	0	63.00
64.00	06400	INTRAVENOUS THERAPY	493	0	882,151	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,251	24,134	2,696,387	16	0	65.00
66.00	06600	PHYSICAL THERAPY	8,312	3,550	3,335,400	15	0	66.00
66.01	06601	REHAB OUTPATIENT	6,487	23,911	2,010,215	15	0	66.01
66.02	06602	REHAB MED SURGICAL	851	0	2,337,161	11	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,308	113,707	910,200	16	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,451	25,321	142,180	15	0	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	5,914	4,641	596,408	1	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	964	0	39,141	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	4,187	26,874	493,167	7	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,841	41,304	1,577,497	20	0	90.00
90.01	09001	DAY REHAB	2,085	1,010	1,021,111	1	0	90.01
90.02	09002	IMAGING CENTERS	0	106,337	675,623	10	0	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0258

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	DATA PROCESSING (DATA PROCESSING)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPREC EXP ENSE)				
			1.00	2.00	4.00	5.01	5.02	
90.03	09003	COUMADIN CLINIC	579	0	139,803	1	0	90.03
90.04	09004	WOUND CLINIC	6,086	6,949	582,686	3	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	493,045	1,580,945	1	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	1,451	239,991	0	0	90.06
91.00	09100	EMERGENCY	14,406	61,234	5,066,842	99	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	5,948,151	98	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	45,262	4,466,871	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	743,490	7,263,271	142,453,217	1,890	10,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,119	1,621	182,841	4	0	190.00
191.00	19100	RESEARCH	3,037	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,641	15,261	474,474	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	13,820,731	20,354,272	23,429,934	889,856	26,637,337	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18.420592	2.795858	0.163719	469.828933	2,663.733700	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			68,156	29,990	11,157	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000476	15.834213	1.115700	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: 14-0258

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PURCHASING RECEIVING AND STORES (PURCHASING)	ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	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	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	97,609,006					5.03
5.04	00570	ADMITTING	40,026	2,263,873,054				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	2,263,873,054			5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	269,332	0	0	-55,686,466	384,337,357	5.06
6.00	00600	MAINTENANCE & REPAIRS	5,867	0	0	0	4,284,643	6.00
7.00	00700	OPERATION OF PLANT	5,191	0	0	0	11,659,418	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,135,224	8.00
9.00	00900	HOUSEKEEPING	480,315	0	0	0	5,458,455	9.00
10.00	01000	DIETARY	0	0	0	0	4,412,841	10.00
11.00	01100	CAFETERIA	0	0	0	0	2,598,797	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	4,586,199	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,026,248	0	0	0	4,837,127	14.00
15.00	01500	PHARMACY	23,098,951	0	0	522,412	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	47,716	0	0	0	3,306,517	16.00
17.00	01700	SOCIAL SERVICE	1,260	0	0	0	2,049,620	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	14,063	0	0	0	534,902	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,872,805	192,754,005	192,754,005	0	47,898,292	30.00
31.00	03100	INTENSIVE CARE UNIT	1,153,058	45,985,059	45,985,059	0	13,103,575	31.00
40.00	04000	SUBPROVIDER - IPF	32,284	13,435,884	13,435,884	0	2,858,339	40.00
41.00	04100	SUBPROVIDER - IRF	375,761	51,112,694	51,112,694	0	27,636,644	41.00
43.00	04300	NURSERY	113,276	13,110,259	13,110,259	0	1,930,831	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,722,535	176,913,079	176,913,079	0	25,259,516	50.00
50.01	05001	GAMMA KNIFE	10,721	12,292,988	12,292,988	0	2,719,382	50.01
50.02	03330	ENDOSCOPY	1,697,459	59,844,711	59,844,711	0	4,875,425	50.02
51.00	05100	RECOVERY ROOM	46,409	24,500,504	24,500,504	0	2,454,115	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	408,330	15,361,167	15,361,167	0	3,828,113	52.00
53.00	05300	ANESTHESIOLOGY	784,693	66,192,768	66,192,768	0	2,096,799	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,848	44,825,630	44,825,630	0	4,001,391	54.00
54.01	03630	ULTRA SOUND	26,825	30,270,900	30,270,900	0	1,992,271	54.01
54.02	05401	PET SCAN	289,527	11,867,953	11,867,953	0	1,663,735	54.02
54.03	03480	ONCOLOGY	176,491	47,124,100	47,124,100	0	3,365,695	54.03
54.04	03440	MAMMOGRAPHY	124,578	16,650,100	16,650,100	0	1,598,357	54.04
56.00	05600	RADIOISOTOPE	966,844	22,465,350	22,465,350	0	1,840,294	56.00
57.00	05700	CT SCAN	376,447	108,612,601	108,612,601	0	4,072,377	57.00
58.00	05800	MRI	219,963	38,429,438	38,429,438	0	2,502,019	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,302,400	148,122,096	148,122,096	0	22,060,061	59.00
60.00	06000	LABORATORY	5,556,809	273,834,547	273,834,547	0	19,525,944	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,597,458	11,278,201	11,278,201	0	2,504,666	63.00
64.00	06400	INTRAVENOUS THERAPY	407,543	2,181,736	2,181,736	0	1,150,485	64.00
65.00	06500	RESPIRATORY THERAPY	363,131	51,593,344	51,593,344	0	4,238,698	65.00
66.00	06600	PHYSICAL THERAPY	18,622	39,449,041	39,449,041	0	5,016,074	66.00
66.01	06601	REHAB OUTPATIENT	25,400	14,181,362	14,181,362	0	2,885,864	66.01
66.02	06602	REHAB MED SURGICAL	4,849	19,138,926	19,138,926	0	3,184,685	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	225,423	53,027,711	53,027,711	0	2,418,273	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,212	4,506,352	4,506,352	0	363,070	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	69,988	12,634,213	12,634,213	0	1,040,643	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	75,018,439	75,018,439	0	14,952,388	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	95,621,601	95,621,601	0	25,373,037	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	187,884,672	187,884,672	0	33,222,780	73.00
74.00	07400	RENAL DIALYSIS	16,807	7,464,062	7,464,062	0	1,758,431	74.00
76.97	07697	CARDIAC REHABILITATION	14,158	2,014,315	2,014,315	0	800,881	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	517,246	16,739,333	16,739,333	0	2,723,350	90.00
90.01	09001	DAY REHAB	12,054	10,429,780	10,429,780	0	1,676,494	90.01
90.02	09002	IMAGING CENTERS	36,807	14,807,903	14,807,903	0	1,481,322	90.02
90.03	09003	COUMADIN CLINIC	22,289	1,280,587	1,280,587	0	224,055	90.03
90.04	09004	WOUND CLINIC	895,317	19,651,584	19,651,584	0	1,263,214	90.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0258

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

Worksheet B-1

Date/Time Prepared:
11/27/2019 8:37 am

Cost Center Description			PURCHASING RECEIVING AND STORES (PURCHASING)	ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	370,168	67,499,383	67,499,383	0	4,672,440	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	1,450	522,472	522,472	0	310,392	90.06
91.00	09100	EMERGENCY	1,317,148	122,365,576	122,365,576	0	10,517,539	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	20,227	10,833,509	10,833,509	0	7,988,626	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	286,661	10,043,119	10,043,119	0	8,135,678	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	97,544,990	2,263,873,054	2,263,873,054	-55,164,054	380,050,003	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	394	0	0	0	540,796	190.00
191.00	19100	RESEARCH	0	0	0	0	55,943	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	63,622	0	0	0	3,690,615	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,421,942	1,535,762	28,442,407		55,686,466	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.014568	0.000678	0.012564		0.144890	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	839	89,201	9,619		3,559,184	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000009	0.000039	0.000004		0.009261	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: 14-0258

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

Worksheet B-1

Date/Time Prepared:
11/27/2019 8:37 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	
		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	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	705,192				6.00
7.00	00700	OPERATION OF PLANT	179,544	525,648			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	2,241,118		8.00
9.00	00900	HOUSEKEEPING	4,167	4,167	0	521,481	9.00
10.00	01000	DIETARY	12,854	12,854	0	12,854	10.00
11.00	01100	CAFETERIA	14,504	14,504	0	14,504	11.00
13.00	01300	NURSING ADMINISTRATION	744	744	0	744	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,133	16,133	0	16,133	14.00
15.00	01500	PHARMACY	5,901	5,901	0	5,901	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,256	11,256	0	11,256	16.00
17.00	01700	SOCIAL SERVICE	778	778	0	778	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	923	923	0	923	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	135,483	135,483	1,073,747	135,483	30.00
31.00	03100	INTENSIVE CARE UNIT	27,407	27,407	93,571	27,407	31.00
40.00	04000	SUBPROVIDER - IPF	13,939	13,939	85,338	13,939	40.00
41.00	04100	SUBPROVIDER - IRF	43,597	43,597	304,742	43,597	41.00
43.00	04300	NURSERY	2,702	2,702	0	2,702	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,320	40,320	241,796	40,320	50.00
50.01	05001	GAMMA KNIFE	3,690	3,690	0	3,690	50.01
50.02	03330	ENDOSCOPY	6,965	6,965	82,930	6,965	50.02
51.00	05100	RECOVERY ROOM	6,133	6,133	42,700	6,133	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,695	19,695	70,567	19,695	52.00
53.00	05300	ANESTHESIOLOGY	455	455	0	455	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,809	8,809	0	8,809	54.00
54.01	03630	ULTRA SOUND	4,582	4,582	48,497	4,582	54.01
54.02	05401	PET SCAN	1,397	1,397	0	1,397	54.02
54.03	03480	ONCOLOGY	9,904	9,904	0	9,904	54.03
54.04	03440	MAMMOGRAPHY	5,940	5,940	0	5,940	54.04
56.00	05600	RADIOISOTOPE	5,790	5,790	0	5,790	56.00
57.00	05700	CT SCAN	4,433	4,433	0	4,433	57.00
58.00	05800	MRI	6,598	6,598	0	6,598	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,020	16,020	0	16,020	59.00
60.00	06000	LABORATORY	18,646	18,646	0	18,646	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	871	871	0	871	63.00
64.00	06400	INTRAVENOUS THERAPY	493	493	0	493	64.00
65.00	06500	RESPIRATORY THERAPY	2,251	2,251	0	2,251	65.00
66.00	06600	PHYSICAL THERAPY	8,312	8,312	0	8,312	66.00
66.01	06601	REHAB OUTPATIENT	6,487	6,487	0	6,487	66.01
66.02	06602	REHAB MED SURGICAL	851	851	0	851	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,308	3,308	0	3,308	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,451	2,451	0	2,451	70.00
70.01	07001	NEUROMEG	0	0	0	0	70.01
70.02	07002	SLEEP LAB	5,914	5,914	0	5,914	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	964	964	0	964	74.00
76.97	07697	CARDIAC REHABILITATION	4,187	4,187	0	4,187	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,841	9,841	0	9,841	90.00
90.01	09001	DAY REHAB	2,085	2,085	0	2,085	90.01
90.02	09002	IMAGING CENTERS	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	579	579	0	579	90.03
90.04	09004	WOUND CLINIC	6,086	6,086	0	6,086	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	0	90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0258

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	14,406	14,406	197,230	14,406	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	698,395	518,851	2,241,118	514,684	101,314	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,119	2,119	0	2,119	0	190.00
191.00	19100	RESEARCH	3,037	3,037	0	3,037	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,641	1,641	0	1,641	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,905,445	14,597,691	1,299,707	6,394,038	5,656,206	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.956184	27.770849	0.579937	12.261306	55.828474	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	350,827	3,611,919	10,513	171,683	496,359	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.497491	6.871364	0.004691	0.329222	4.899214	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: 14-0258

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

Worksheet B-1

Date/Time Prepared:
11/27/2019 8:37 am

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL PATIENT DAYS)	
			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	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND 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	169,297					11.00
13.00	01300	NURSING ADMINISTRATION	2,774	2,129,283				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,968	0	38,065,809			14.00
15.00	01500	PHARMACY	5,197	0	0	10,000		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,940	0	0	0	101,314	16.00
17.00	01700	SOCIAL SERVICE	1,974	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	815	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	46,392	905,131	0	0	60,192	30.00
31.00	03100	INTENSIVE CARE UNIT	11,462	238,402	0	0	9,308	31.00
40.00	04000	SUBPROVIDER - IPF	3,180	66,142	0	0	5,572	40.00
41.00	04100	SUBPROVIDER - IRF	11,591	222,924	0	0	21,291	41.00
43.00	04300	NURSERY	1,261	26,222	0	0	4,951	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,388	216,079	0	0	0	50.00
50.01	05001	GAMMA KNIFE	356	7,395	0	0	0	50.01
50.02	03330	ENDOSCOPY	2,407	50,058	0	0	0	50.02
51.00	05100	RECOVERY ROOM	1,635	34,008	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,007	62,548	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,136	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	1,021	0	0	0	0	54.01
54.02	05401	PET SCAN	126	0	0	0	0	54.02
54.03	03480	ONCOLOGY	1,366	0	0	0	0	54.03
54.04	03440	MAMMOGRAPHY	1,084	0	0	0	0	54.04
56.00	05600	RADIOISOTOPE	376	0	0	0	0	56.00
57.00	05700	CT SCAN	1,754	0	0	0	0	57.00
58.00	05800	MRI	997	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,503	93,658	0	0	0	59.00
60.00	06000	LABORATORY	13,908	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	696	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	926	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,774	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,395	0	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	2,548	0	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL	2,666	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,150	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	208	0	0	0	0	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	1,032	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	13,958,993	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	24,106,816	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,000	0	73.00
74.00	07400	RENAL DIALYSIS	38	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	538	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,939	28,288	0	0	0	90.00
90.01	09001	DAY REHAB	1,362	0	0	0	0	90.01
90.02	09002	IMAGING CENTERS	827	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	182	3,782	0	0	0	90.03
90.04	09004	WOUND CLINIC	940	19,544	0	0	0	90.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0258

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

Worksheet B-1

Date/Time Prepared:
11/27/2019 8:37 am

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL PATIENT DAYS)	
			11.00	13.00	14.00	15.00	16.00	
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	2,195	0	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	301	6,260	0	0	0	90.06
91.00	09100	EMERGENCY	7,156	148,842	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	168,491	2,129,283	38,065,809	10,000	101,314	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	403	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	403	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,656,855	5,345,571	6,338,550	-132,878	4,378,004	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	21.600235	2.510503	0.166516	0.000000	43.212231	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	402,904	146,795	659,840	268,606	361,750	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.379865	0.068941	0.017334	26.860600	3.570583	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: 14-0258

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED ED PRGM (TOTAL PATIENT DAYS)	
		17.00	19.00	23.00	
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	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	ADMINISTRATIVE AND 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	101,314		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	101,314	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	60,192	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,308	0	31.00
40.00	04000	SUBPROVIDER - IPF	5,572	0	40.00
41.00	04100	SUBPROVIDER - IRF	21,291	0	41.00
43.00	04300	NURSERY	4,951	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	GAMMA KNIFE	0	0	50.01
50.02	03330	ENDOSCOPY	0	0	50.02
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	03630	ULTRA SOUND	0	0	54.01
54.02	05401	PET SCAN	0	0	54.02
54.03	03480	ONCOLOGY	0	0	54.03
54.04	03440	MAMMOGRAPHY	0	0	54.04
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
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
66.01	06601	REHAB OUTPATIENT	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	NEUROMEG	0	0	70.01
70.02	07002	SLEEP LAB	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DAY REHAB	0	0	90.01
90.02	09002	IMAGING CENTERS	0	0	90.02
90.03	09003	COUMADIN CLINIC	0	0	90.03
90.04	09004	WOUND CLINIC	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0258

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED ED PRGM (TOTAL PATIENT DAYS)	
			17.00	19.00	23.00	
90.00	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS				92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW - SNF				114.00
116.00	11600	HOSPICE	0		0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	101,314	0	101,314	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
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,425,785	0	673,378	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	23.943236	0.000000	6.646446	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	44,963	0	31,442	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.443798	0.000000	0.310342	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

Provider CCN: 14-0258
Period: From 07/01/2018 To 06/30/2019
Worksheet B-2
Date/Time Prepared: 11/27/2019 8:37 am

		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS	1	74.00	0	1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM	1	94.00	0	2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS	1	74.00	0	3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM	1	94.00	0	4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS	1	74.00	0	5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM	1	94.00	0	6.00
7.00			1	70.01	-1	7.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/27/2019 8:37 am

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	72,904,058		72,904,058	0	72,904,058	30.00	
31.00	03100	INTENSIVE CARE UNIT	18,396,917		18,396,917	0	18,396,917	31.00	
40.00	04000	SUBPROVIDER - IPF	4,933,985		4,933,985	0	4,933,985	40.00	
41.00	04100	SUBPROVIDER - IRF	37,436,178		37,436,178	0	37,436,178	41.00	
43.00	04300	NURSERY	3,072,421		3,072,421	0	3,072,421	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	31,721,013		31,721,013	0	31,721,013	50.00	
50.01	05001	GAMMA KNIFE	3,313,034		3,313,034	13,919	3,326,953	50.01	
50.02	03330	ENDOSCOPY	6,134,856		6,134,856	0	6,134,856	50.02	
51.00	05100	RECOVERY ROOM	3,243,328		3,243,328	0	3,243,328	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,571,106		5,571,106	0	5,571,106	52.00	
53.00	05300	ANESTHESIOLOGY	2,421,984		2,421,984	0	2,421,984	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,062,811		5,062,811	0	5,062,811	54.00	
54.01	03630	ULTRA SOUND	2,546,410		2,546,410	0	2,546,410	54.01	
54.02	05401	PET SCAN	1,973,159		1,973,159	0	1,973,159	54.02	
54.03	03480	ONCOLOGY	4,348,229		4,348,229	0	4,348,229	54.03	
54.04	03440	MAMMOGRAPHY	2,132,469		2,132,469	0	2,132,469	54.04	
56.00	05600	RADIOISOTOPE	2,387,118		2,387,118	0	2,387,118	56.00	
57.00	05700	CT SCAN	4,908,610		4,908,610	0	4,908,610	57.00	
58.00	05800	MRI	3,196,101		3,196,101	0	3,196,101	58.00	
59.00	05900	CARDIAC CATHETERIZATION	26,341,491		26,341,491	0	26,341,491	59.00	
60.00	06000	LABORATORY	23,531,618		23,531,618	0	23,531,618	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,923,528		2,923,528	0	2,923,528	63.00	
64.00	06400	INTRAVENOUS THERAPY	1,360,346		1,360,346	0	1,360,346	64.00	
65.00	06500	RESPIRATORY THERAPY	5,040,132	0	5,040,132	0	5,040,132	65.00	
66.00	06600	PHYSICAL THERAPY	6,228,353	0	6,228,353	0	6,228,353	66.00	
66.01	06601	REHAB OUTPATIENT	3,663,847	0	3,663,847	0	3,663,847	66.01	
66.02	06602	REHAB MED SURGICAL	3,743,687	0	3,743,687	0	3,743,687	66.02	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	2,948,934		2,948,934	0	2,948,934	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	535,336		535,336	0	535,336	70.00	
70.01	07001	NEUROMEG	0		0	0	0	70.01	
70.02	07002	SLEEP LAB	1,491,602		1,491,602	0	1,491,602	70.02	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,443,235		19,443,235	0	19,443,235	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,063,490		33,063,490	0	33,063,490	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	38,036,429		38,036,429	0	38,036,429	73.00	
74.00	07400	RENAL DIALYSIS	2,059,328		2,059,328	0	2,059,328	74.00	
76.97	07697	CARDIAC REHABILITATION	1,125,283		1,125,283	0	1,125,283	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	3,693,249		3,693,249	0	3,693,249	90.00	
90.01	09001	DAY REHAB	2,046,792		2,046,792	0	2,046,792	90.01	
90.02	09002	IMAGING CENTERS	1,713,814		1,713,814	0	1,713,814	90.02	
90.03	09003	COUMADIN CLINIC	297,150		297,150	0	297,150	90.03	
90.04	09004	WOUND CLINIC	1,801,580		1,801,580	0	1,801,580	90.04	
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	5,396,843		5,396,843	0	5,396,843	90.05	
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	377,583		377,583	0	377,583	90.06	
91.00	09100	EMERGENCY	13,360,959		13,360,959	0	13,360,959	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,375,385		9,375,385	0	9,375,385	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00	
101.00	10100	HOME HEALTH AGENCY	9,146,098		9,146,098	0	9,146,098	101.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
114.00	11400	UTILIZATION REVIEW - SNF						114.00	
116.00	11600	HOSPICE	9,314,456		9,314,456		9,314,456	116.00	
200.00		Subtotal (see instructions)	443,764,335	0	443,764,335	13,919	443,778,254	200.00	
201.00		Less Observation Beds	9,375,385		9,375,385		9,375,385	201.00	
202.00		Total (see instructions)	434,388,950	0	434,388,950	13,919	434,402,869	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/27/2019 8:37 am

			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	165,050,256		165,050,256		30.00
31.00	03100	INTENSIVE CARE UNIT	45,985,059		45,985,059		31.00
40.00	04000	SUBPROVIDER - IPF	13,435,884		13,435,884		40.00
41.00	04100	SUBPROVIDER - IRF	51,112,694		51,112,694		41.00
43.00	04300	NURSERY	13,110,259		13,110,259		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	94,040,165	82,872,914	176,913,079	0.179303	0.000000
50.01	05001	GAMMA KNIFE	191	12,292,797	12,292,988	0.269506	0.000000
50.02	03330	ENDOSCOPY	11,459,231	48,385,480	59,844,711	0.102513	0.000000
51.00	05100	RECOVERY ROOM	11,982,514	12,517,990	24,500,504	0.132378	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,301,609	1,059,558	15,361,167	0.362675	0.000000
53.00	05300	ANESTHESIOLOGY	31,380,082	34,812,686	66,192,768	0.036590	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,310,747	25,514,883	44,825,630	0.112945	0.000000
54.01	03630	ULTRA SOUND	10,138,248	20,132,652	30,270,900	0.084121	0.000000
54.02	05401	PET SCAN	87,567	11,780,386	11,867,953	0.166259	0.000000
54.03	03480	ONCOLOGY	2,482,721	44,641,379	47,124,100	0.092272	0.000000
54.04	03440	MAMMOGRAPHY	86,316	16,563,784	16,650,100	0.128075	0.000000
56.00	05600	RADIOISOTOPE	7,055,345	15,410,005	22,465,350	0.106258	0.000000
57.00	05700	CT SCAN	39,059,763	69,552,838	108,612,601	0.045194	0.000000
58.00	05800	MRI	11,263,940	27,165,498	38,429,438	0.083168	0.000000
59.00	05900	CARDIAC CATHETERIZATION	67,816,814	80,305,282	148,122,096	0.177836	0.000000
60.00	06000	LABORATORY	122,696,211	151,138,336	273,834,547	0.085934	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,266,790	2,011,411	11,278,201	0.259219	0.000000
64.00	06400	INTRAVENOUS THERAPY	2,018,706	163,030	2,181,736	0.623515	0.000000
65.00	06500	RESPIRATORY THERAPY	49,222,582	2,370,762	51,593,344	0.097690	0.000000
66.00	06600	PHYSICAL THERAPY	39,448,382	659	39,449,041	0.157884	0.000000
66.01	06601	REHAB OUTPATIENT	17,058	14,164,304	14,181,362	0.258356	0.000000
66.02	06602	REHAB MED SURGICAL	18,173,172	965,754	19,138,926	0.195606	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000
69.00	06900	ELECTROCARDIOLOGY	26,421,490	26,606,221	53,027,711	0.055611	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	510,311	3,996,041	4,506,352	0.118796	0.000000
70.01	07001	NEUROMEG	0	0	0	0.000000	0.000000
70.02	07002	SLEEP LAB	12,530	12,621,683	12,634,213	0.118061	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,269,023	34,749,416	75,018,439	0.259179	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	62,409,521	33,212,080	95,621,601	0.345774	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	108,266,986	79,617,686	187,884,672	0.202446	0.000000
74.00	07400	RENAL DIALYSIS	7,088,529	375,533	7,464,062	0.275899	0.000000
76.97	07697	CARDIAC REHABILITATION	31,324	1,982,991	2,014,315	0.558643	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	413,288	16,326,045	16,739,333	0.220633	0.000000
90.01	09001	DAY REHAB	13,682	10,416,098	10,429,780	0.196245	0.000000
90.02	09002	IMAGING CENTERS	72,918	14,734,985	14,807,903	0.115736	0.000000
90.03	09003	COUMADIN CLINIC	1,401	1,279,186	1,280,587	0.232042	0.000000
90.04	09004	WOUND CLINIC	118,399	19,533,185	19,651,584	0.091676	0.000000
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	344,865	67,154,518	67,499,383	0.079954	0.000000
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	10,304	512,168	522,472	0.722686	0.000000
91.00	09100	EMERGENCY	34,867,250	87,498,326	122,365,576	0.109189	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,565,336	19,138,413	27,703,749	0.338416	0.000000
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000
101.00	10100	HOME HEALTH AGENCY	0	10,833,509	10,833,509		
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW - SNF					114.00
116.00	11600	HOSPICE	0	10,043,119	10,043,119		116.00
200.00		Subtotal (see instructions)	1,139,419,463	1,124,453,591	2,263,873,054		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,139,419,463	1,124,453,591	2,263,873,054		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/27/2019 8:37 am

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
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.179303			50.00
50.01	05001	GAMMA KNIFE	0.270638			50.01
50.02	03330	ENDOSCOPY	0.102513			50.02
51.00	05100	RECOVERY ROOM	0.132378			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.362675			52.00
53.00	05300	ANESTHESIOLOGY	0.036590			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.112945			54.00
54.01	03630	ULTRA SOUND	0.084121			54.01
54.02	05401	PET SCAN	0.166259			54.02
54.03	03480	ONCOLOGY	0.092272			54.03
54.04	03440	MAMMOGRAPHY	0.128075			54.04
56.00	05600	RADIOISOTOPE	0.106258			56.00
57.00	05700	CT SCAN	0.045194			57.00
58.00	05800	MRI	0.083168			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.177836			59.00
60.00	06000	LABORATORY	0.085934			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.259219			63.00
64.00	06400	INTRAVENOUS THERAPY	0.623515			64.00
65.00	06500	RESPIRATORY THERAPY	0.097690			65.00
66.00	06600	PHYSICAL THERAPY	0.157884			66.00
66.01	06601	REHAB OUTPATIENT	0.258356			66.01
66.02	06602	REHAB MED SURGICAL	0.195606			66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.055611			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118796			70.00
70.01	07001	NEUROMEG	0.000000			70.01
70.02	07002	SLEEP LAB	0.118061			70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259179			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.345774			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.202446			73.00
74.00	07400	RENAL DIALYSIS	0.275899			74.00
76.97	07697	CARDIAC REHABILITATION	0.558643			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.220633			90.00
90.01	09001	DAY REHAB	0.196245			90.01
90.02	09002	IMAGING CENTERS	0.115736			90.02
90.03	09003	COUMADIN CLINIC	0.232042			90.03
90.04	09004	WOUND CLINIC	0.091676			90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.079954			90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0.722686			90.06
91.00	09100	EMERGENCY	0.109189			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.338416			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW - SNF				114.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/27/2019 8:37 am

			Title XIX		Hospital	Cost	
Cost Center Description			Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
			Total Cost (from Wkst. B, Part I, col. 26)				
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	72,904,058		72,904,058	0	72,904,058
31.00	03100	INTENSIVE CARE UNIT	18,396,917		18,396,917	0	18,396,917
40.00	04000	SUBPROVIDER - IPF	4,933,985		4,933,985	0	4,933,985
41.00	04100	SUBPROVIDER - IRF	37,436,178		37,436,178	0	37,436,178
43.00	04300	NURSERY	3,072,421		3,072,421	0	3,072,421
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	31,721,013		31,721,013	0	31,721,013
50.01	05001	GAMMA KNIFE	3,313,034		3,313,034	13,919	3,326,953
50.02	03330	ENDOSCOPY	6,134,856		6,134,856	0	6,134,856
51.00	05100	RECOVERY ROOM	3,243,328		3,243,328	0	3,243,328
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,571,106		5,571,106	0	5,571,106
53.00	05300	ANESTHESIOLOGY	2,421,984		2,421,984	0	2,421,984
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,062,811		5,062,811	0	5,062,811
54.01	03630	ULTRA SOUND	2,546,410		2,546,410	0	2,546,410
54.02	05401	PET SCAN	1,973,159		1,973,159	0	1,973,159
54.03	03480	ONCOLOGY	4,348,229		4,348,229	0	4,348,229
54.04	03440	MAMMOGRAPHY	2,132,469		2,132,469	0	2,132,469
56.00	05600	RADIOISOTOPE	2,387,118		2,387,118	0	2,387,118
57.00	05700	CT SCAN	4,908,610		4,908,610	0	4,908,610
58.00	05800	MRI	3,196,101		3,196,101	0	3,196,101
59.00	05900	CARDIAC CATHETERIZATION	26,341,491		26,341,491	0	26,341,491
60.00	06000	LABORATORY	23,531,618		23,531,618	0	23,531,618
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,923,528		2,923,528	0	2,923,528
64.00	06400	INTRAVENOUS THERAPY	1,360,346		1,360,346	0	1,360,346
65.00	06500	RESPIRATORY THERAPY	5,040,132	0	5,040,132	0	5,040,132
66.00	06600	PHYSICAL THERAPY	6,228,353	0	6,228,353	0	6,228,353
66.01	06601	REHAB OUTPATIENT	3,663,847	0	3,663,847	0	3,663,847
66.02	06602	REHAB MED SURGICAL	3,743,687	0	3,743,687	0	3,743,687
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	2,948,934		2,948,934	0	2,948,934
70.00	07000	ELECTROENCEPHALOGRAPHY	535,336		535,336	0	535,336
70.01	07001	NEUROMEG	0		0	0	0
70.02	07002	SLEEP LAB	1,491,602		1,491,602	0	1,491,602
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,443,235		19,443,235	0	19,443,235
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,063,490		33,063,490	0	33,063,490
73.00	07300	DRUGS CHARGED TO PATIENTS	38,036,429		38,036,429	0	38,036,429
74.00	07400	RENAL DIALYSIS	2,059,328		2,059,328	0	2,059,328
76.97	07697	CARDIAC REHABILITATION	1,125,283		1,125,283	0	1,125,283
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0
76.99	07699	LITHOTRIPSY	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,693,249		3,693,249	0	3,693,249
90.01	09001	DAY REHAB	2,046,792		2,046,792	0	2,046,792
90.02	09002	IMAGING CENTERS	1,713,814		1,713,814	0	1,713,814
90.03	09003	COUMADIN CLINIC	297,150		297,150	0	297,150
90.04	09004	WOUND CLINIC	1,801,580		1,801,580	0	1,801,580
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	5,396,843		5,396,843	0	5,396,843
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	377,583		377,583	0	377,583
91.00	09100	EMERGENCY	13,360,959		13,360,959	0	13,360,959
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,375,385		9,375,385	0	9,375,385
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0
101.00	10100	HOME HEALTH AGENCY	9,146,098		9,146,098	0	9,146,098
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
114.00	11400	UTILIZATION REVIEW - SNF					
116.00	11600	HOSPICE	9,314,456		9,314,456		9,314,456
200.00		Subtotal (see instructions)	443,764,335	0	443,764,335	13,919	443,778,254
201.00		Less Observation Beds	9,375,385		9,375,385		9,375,385
202.00		Total (see instructions)	434,388,950	0	434,388,950	13,919	434,402,869

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/27/2019 8:37 am

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	165,050,256		165,050,256		30.00
31.00	03100	INTENSIVE CARE UNIT	45,985,059		45,985,059		31.00
40.00	04000	SUBPROVIDER - IPF	13,435,884		13,435,884		40.00
41.00	04100	SUBPROVIDER - IRF	51,112,694		51,112,694		41.00
43.00	04300	NURSERY	13,110,259		13,110,259		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	94,040,165	82,872,914	176,913,079	0.179303	0.000000
50.01	05001	GAMMA KNIFE	191	12,292,797	12,292,988	0.269506	0.000000
50.02	03330	ENDOSCOPY	11,459,231	48,385,480	59,844,711	0.102513	0.000000
51.00	05100	RECOVERY ROOM	11,982,514	12,517,990	24,500,504	0.132378	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,301,609	1,059,558	15,361,167	0.362675	0.000000
53.00	05300	ANESTHESIOLOGY	31,380,082	34,812,686	66,192,768	0.036590	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,310,747	25,514,883	44,825,630	0.112945	0.000000
54.01	03630	ULTRA SOUND	10,138,248	20,132,652	30,270,900	0.084121	0.000000
54.02	05401	PET SCAN	87,567	11,780,386	11,867,953	0.166259	0.000000
54.03	03480	ONCOLOGY	2,482,721	44,641,379	47,124,100	0.092272	0.000000
54.04	03440	MAMMOGRAPHY	86,316	16,563,784	16,650,100	0.128075	0.000000
56.00	05600	RADIOISOTOPE	7,055,345	15,410,005	22,465,350	0.106258	0.000000
57.00	05700	CT SCAN	39,059,763	69,552,838	108,612,601	0.045194	0.000000
58.00	05800	MRI	11,263,940	27,165,498	38,429,438	0.083168	0.000000
59.00	05900	CARDIAC CATHETERIZATION	67,816,814	80,305,282	148,122,096	0.177836	0.000000
60.00	06000	LABORATORY	122,696,211	151,138,336	273,834,547	0.085934	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,266,790	2,011,411	11,278,201	0.259219	0.000000
64.00	06400	INTRAVENOUS THERAPY	2,018,706	163,030	2,181,736	0.623515	0.000000
65.00	06500	RESPIRATORY THERAPY	49,222,582	2,370,762	51,593,344	0.097690	0.000000
66.00	06600	PHYSICAL THERAPY	39,448,382	659	39,449,041	0.157884	0.000000
66.01	06601	REHAB OUTPATIENT	17,058	14,164,304	14,181,362	0.258356	0.000000
66.02	06602	REHAB MED SURGICAL	18,173,172	965,754	19,138,926	0.195606	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000
69.00	06900	ELECTROCARDIOLOGY	26,421,490	26,606,221	53,027,711	0.055611	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	510,311	3,996,041	4,506,352	0.118796	0.000000
70.01	07001	NEUROMEG	0	0	0	0.000000	0.000000
70.02	07002	SLEEP LAB	12,530	12,621,683	12,634,213	0.118061	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,269,023	34,749,416	75,018,439	0.259179	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	62,409,521	33,212,080	95,621,601	0.345774	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	108,266,986	79,617,686	187,884,672	0.202446	0.000000
74.00	07400	RENAL DIALYSIS	7,088,529	375,533	7,464,062	0.275899	0.000000
76.97	07697	CARDIAC REHABILITATION	31,324	1,982,991	2,014,315	0.558643	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	413,288	16,326,045	16,739,333	0.220633	0.000000
90.01	09001	DAY REHAB	13,682	10,416,098	10,429,780	0.196245	0.000000
90.02	09002	IMAGING CENTERS	72,918	14,734,985	14,807,903	0.115736	0.000000
90.03	09003	COUMADIN CLINIC	1,401	1,279,186	1,280,587	0.232042	0.000000
90.04	09004	WOUND CLINIC	118,399	19,533,185	19,651,584	0.091676	0.000000
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	344,865	67,154,518	67,499,383	0.079954	0.000000
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	10,304	512,168	522,472	0.722686	0.000000
91.00	09100	EMERGENCY	34,867,250	87,498,326	122,365,576	0.109189	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,565,336	19,138,413	27,703,749	0.338416	0.000000
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000
101.00	10100	HOME HEALTH AGENCY	0	10,833,509	10,833,509		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW - SNF					114.00
116.00	11600	HOSPICE	0	10,043,119	10,043,119		116.00
200.00		Subtotal (see instructions)	1,139,419,463	1,124,453,591	2,263,873,054		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,139,419,463	1,124,453,591	2,263,873,054		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/27/2019 8:37 am

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
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	GAMMA KNIFE	0.000000			50.01
50.02	03330	ENDOSCOPY	0.000000			50.02
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	03630	ULTRA SOUND	0.000000			54.01
54.02	05401	PET SCAN	0.000000			54.02
54.03	03480	ONCOLOGY	0.000000			54.03
54.04	03440	MAMMOGRAPHY	0.000000			54.04
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
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
66.01	06601	REHAB OUTPATIENT	0.000000			66.01
66.02	06602	REHAB MED SURGICAL	0.000000			66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001	NEUROMEG	0.000000			70.01
70.02	07002	SLEEP LAB	0.000000			70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	DAY REHAB	0.000000			90.01
90.02	09002	IMAGING CENTERS	0.000000			90.02
90.03	09003	COUMADIN CLINIC	0.000000			90.03
90.04	09004	WOUND CLINIC	0.000000			90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.000000			90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0.000000			90.06
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW - SNF				114.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/27/2019 8:37 am

			Title XVIII		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	5,414,954	0	5,414,954	69,075	78.39	30.00	
31.00	INTENSIVE CARE UNIT	1,106,592		1,106,592	9,308	118.89	31.00	
40.00	SUBPROVIDER - IPF	454,182	0	454,182	5,572	81.51	40.00	
41.00	SUBPROVIDER - IRF	2,131,263	0	2,131,263	21,291	100.10	41.00	
43.00	NURSERY	197,573		197,573	4,951	39.91	43.00	
200.00	Total (lines 30 through 199)	9,304,564		9,304,564	110,197		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	31,323	2,455,410					30.00
31.00	INTENSIVE CARE UNIT	3,428	407,555					31.00
40.00	SUBPROVIDER - IPF	4,003	326,285					40.00
41.00	SUBPROVIDER - IRF	13,346	1,335,935					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	52,100	4,525,185					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0258	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part II Date/Time Prepared: 11/27/2019 8:37 am
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	6,178,232	176,913,079	0.034922	37,863,391	1,322,265	50.00
50.01 05001 GAMMA KNIFE	124,391	12,292,988	0.010119	0	0	50.01
50.02 03330 ENDOSCOPY	816,611	59,844,711	0.013645	6,168,862	84,174	50.02
51.00 05100 RECOVERY ROOM	224,596	24,500,504	0.009167	4,769,926	43,726	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	704,027	15,361,167	0.045832	14,135	648	52.00
53.00 05300 ANESTHESIOLOGY	1,040,229	66,192,768	0.015715	12,810,869	201,323	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	945,456	44,825,630	0.021092	8,647,635	182,396	54.00
54.01 03630 ULTRA SOUND	371,904	30,270,900	0.012286	4,363,498	53,610	54.01
54.02 05401 PET SCAN	1,098,618	11,867,953	0.092570	60,508	5,601	54.02
54.03 03480 ONCOLOGY	781,330	47,124,100	0.016580	988,787	16,394	54.03
54.04 03440 MAMMOGRAPHY	257,604	16,650,100	0.015472	37,141	575	54.04
56.00 05600 RADIOISOTOPE	175,764	22,465,350	0.007824	3,744,280	29,295	56.00
57.00 05700 CT SCAN	491,203	108,612,601	0.004523	17,610,282	79,651	57.00
58.00 05800 MRI	665,826	38,429,438	0.017326	4,903,951	84,966	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,087,146	148,122,096	0.014091	38,421,752	541,401	59.00
60.00 06000 LABORATORY	1,697,759	273,834,547	0.006200	51,818,008	321,272	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	61,508	11,278,201	0.005454	4,009,693	21,869	63.00
64.00 06400 INTRAVENOUS THERAPY	26,253	2,181,736	0.012033	264,823	3,187	64.00
65.00 06500 RESPIRATORY THERAPY	178,262	51,593,344	0.003455	24,442,840	84,450	65.00
66.00 06600 PHYSICAL THERAPY	287,460	39,449,041	0.007287	0	0	66.00
66.01 06601 REHAB OUTPATIENT	270,879	14,181,362	0.019101	0	0	66.01
66.02 06602 REHAB MED SURGICAL	60,174	19,138,926	0.003144	10,006,520	31,460	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	432,410	53,027,711	0.008154	12,869,501	104,938	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	139,168	4,506,352	0.030883	186,463	5,759	70.00
70.01 07001 NEUROMEG	0	0	0.000000	0	0	70.01
70.02 07002 SLEEP LAB	180,379	12,634,213	0.014277	0	0	70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	383,665	75,018,439	0.005114	15,035,915	76,894	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	656,966	95,621,601	0.006870	36,796,897	252,795	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	315,756	187,884,672	0.001681	45,260,702	76,083	73.00
74.00 07400 RENAL DIALYSIS	41,893	7,464,062	0.005613	4,171,159	23,413	74.00
76.97 07697 CARDIAC REHABILITATION	193,624	2,014,315	0.096124	12,442	1,196	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99 07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	406,093	16,739,333	0.024260	74,741	1,813	90.00
90.01 09001 DAY REHAB	76,999	10,429,780	0.007383	0	0	90.01
90.02 09002 IMAGING CENTERS	314,107	14,807,903	0.021212	17,908	380	90.02
90.03 09003 COUMADIN CLINIC	18,031	1,280,587	0.014080	1,007	14	90.03
90.04 09004 WOUND CLINIC	194,848	19,651,584	0.009915	76,070	754	90.04
90.05 09005 CARDIOVASCULAR IMAGING CENTERS	1,430,653	67,499,383	0.021195	256,444	5,435	90.05
90.06 09007 CONGESTIVE HEART FAILURE CLINIC	8,216	522,472	0.015725	9,096	143	90.06
91.00 09100 EMERGENCY	682,340	122,365,576	0.005576	16,216,190	90,421	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	696,357	27,703,749	0.025136	3,828,428	96,231	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00 Total (lines 50 through 199)	24,716,737	1,954,302,274		365,759,864	3,844,532	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0258		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/27/2019 8:37 am		
					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	400,063	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	0	61,865	0	31.00			
40.00	04000	SUBPROVIDER - IPF	0	0	0	37,034	0	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	0	141,509	0	41.00			
43.00	04300	NURSERY	0	0	0	32,907	0	43.00			
200.00		Total (lines 30 through 199)	0	0	0	673,378	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	400,063	69,075	5.79	31,323	30.00			
31.00	03100	INTENSIVE CARE UNIT		61,865	9,308	6.65	3,428	31.00			
40.00	04000	SUBPROVIDER - IPF	0	37,034	5,572	6.65	4,003	40.00			
41.00	04100	SUBPROVIDER - IRF	0	141,509	21,291	6.65	13,346	41.00			
43.00	04300	NURSERY		32,907	4,951	6.65	0	43.00			
200.00		Total (lines 30 through 199)		673,378	110,197		52,100	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	181,360								30.00
31.00	03100	INTENSIVE CARE UNIT	22,796								31.00
40.00	04000	SUBPROVIDER - IPF	26,620								40.00
41.00	04100	SUBPROVIDER - IRF	88,751								41.00
43.00	04300	NURSERY	0								43.00
200.00		Total (lines 30 through 199)	319,527								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0258		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/27/2019 8:37 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	GAMMA KNIFE	0	0	0	0	0	50.01
50.02	03330	ENDOSCOPY	0	0	0	0	0	50.02
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	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	05401	PET SCAN	0	0	0	0	0	54.02
54.03	03480	ONCOLOGY	0	0	0	0	0	54.03
54.04	03440	MAMMOGRAPHY	0	0	0	0	0	54.04
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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
66.01	06601	REHAB OUTPATIENT	0	0	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DAY REHAB	0	0	0	0	0	90.01
90.02	09002	IMAGING CENTERS	0	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	0	0	0	0	0	90.03
90.04	09004	WOUND CLINIC	0	0	0	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		51,452	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00		Total (lines 50 through 199)	0	0	0	0	51,452	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/27/2019 8:37 am

				Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
			4.00	5.00	6.00	7.00	8.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	176,913,079	0.000000	50.00	
50.01	05001	GAMMA KNIFE	0	0	0	12,292,988	0.000000	50.01	
50.02	03330	ENDOSCOPY	0	0	0	59,844,711	0.000000	50.02	
51.00	05100	RECOVERY ROOM	0	0	0	24,500,504	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	15,361,167	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	66,192,768	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	44,825,630	0.000000	54.00	
54.01	03630	ULTRA SOUND	0	0	0	30,270,900	0.000000	54.01	
54.02	05401	PET SCAN	0	0	0	11,867,953	0.000000	54.02	
54.03	03480	ONCOLOGY	0	0	0	47,124,100	0.000000	54.03	
54.04	03440	MAMMOGRAPHY	0	0	0	16,650,100	0.000000	54.04	
56.00	05600	RADIOISOTOPE	0	0	0	22,465,350	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	108,612,601	0.000000	57.00	
58.00	05800	MRI	0	0	0	38,429,438	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	148,122,096	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	273,834,547	0.000000	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	11,278,201	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	2,181,736	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	51,593,344	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	39,449,041	0.000000	66.00	
66.01	06601	REHAB OUTPATIENT	0	0	0	14,181,362	0.000000	66.01	
66.02	06602	REHAB MED SURGICAL	0	0	0	19,138,926	0.000000	66.02	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	53,027,711	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,506,352	0.000000	70.00	
70.01	07001	NEUROMEG	0	0	0	0	0.000000	70.01	
70.02	07002	SLEEP LAB	0	0	0	12,634,213	0.000000	70.02	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	75,018,439	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	95,621,601	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	187,884,672	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	7,464,062	0.000000	74.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,014,315	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	16,739,333	0.000000	90.00	
90.01	09001	DAY REHAB	0	0	0	10,429,780	0.000000	90.01	
90.02	09002	IMAGING CENTERS	0	0	0	14,807,903	0.000000	90.02	
90.03	09003	COUMADIN CLINIC	0	0	0	1,280,587	0.000000	90.03	
90.04	09004	WOUND CLINIC	0	0	0	19,651,584	0.000000	90.04	
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	67,499,383	0.000000	90.05	
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	522,472	0.000000	90.06	
91.00	09100	EMERGENCY	0	0	0	122,365,576	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	51,452	51,452	27,703,749	0.001857	92.00	
	OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00	
200.00		Total (lines 50 through 199)	0	51,452	51,452	1,954,302,274		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0258		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/27/2019 8:37 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	37,863,391	0	17,227,679	0	50.00
50.01	05001	GAMMA KNIFE		0.000000	0	0	3,898,536	0	50.01
50.02	03330	ENDOSCOPY		0.000000	6,168,862	0	14,379,638	0	50.02
51.00	05100	RECOVERY ROOM		0.000000	4,769,926	0	2,889,990	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	14,135	0	135	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	12,810,869	0	9,045,715	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	8,647,635	0	7,639,570	0	54.00
54.01	03630	ULTRA SOUND		0.000000	4,363,498	0	4,706,841	0	54.01
54.02	05401	PET SCAN		0.000000	60,508	0	5,572,575	0	54.02
54.03	03480	ONCOLOGY		0.000000	988,787	0	19,122,300	0	54.03
54.04	03440	MAMMOGRAPHY		0.000000	37,141	0	1,552,035	0	54.04
56.00	05600	RADIOISOTOPE		0.000000	3,744,280	0	6,851,345	0	56.00
57.00	05700	CT SCAN		0.000000	17,610,282	0	22,378,555	0	57.00
58.00	05800	MRI		0.000000	4,903,951	0	9,659,105	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	38,421,752	0	38,102,889	0	59.00
60.00	06000	LABORATORY		0.000000	51,818,008	0	18,136,544	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	4,009,693	0	707,918	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	264,823	0	62,943	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	24,442,840	0	846,093	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT		0.000000	0	0	228,601	0	66.01
66.02	06602	REHAB MED SURGICAL		0.000000	10,006,520	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	12,869,501	0	9,208,550	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	186,463	0	1,178,050	0	70.00
70.01	07001	NEUROMEG		0.000000	0	0	0	0	70.01
70.02	07002	SLEEP LAB		0.000000	0	0	3,350,488	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	15,035,915	0	8,457,656	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	36,796,897	0	18,389,901	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	45,260,702	0	31,189,166	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	4,171,159	0	365,387	0	74.00
76.97	07697	CARDIAC REHABILITATION		0.000000	12,442	0	922,404	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	74,741	0	6,986,851	0	90.00
90.01	09001	DAY REHAB		0.000000	0	0	86,937	0	90.01
90.02	09002	IMAGING CENTERS		0.000000	17,908	0	4,652,348	0	90.02
90.03	09003	COUMADIN CLINIC		0.000000	1,007	0	607,706	0	90.03
90.04	09004	WOUND CLINIC		0.000000	76,070	0	9,827,195	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS		0.000000	256,444	0	29,651,600	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC		0.000000	9,096	0	351,469	0	90.06
91.00	09100	EMERGENCY		0.000000	16,216,190	0	17,929,317	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.001857	3,828,428	7,109	5,915,577	10,985	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0.000000	0	0	0	0	94.00
200.00		Total (lines 50 through 199)			365,759,864	7,109	332,079,609	10,985	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0258		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/27/2019 8:37 am	
				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		0.179303	17,227,679	0	0	3,088,975	50.00
50.01	05001	GAMMA KNIFE		0.269506	3,898,536	0	0	1,050,679	50.01
50.02	03330	ENDOSCOPY		0.102513	14,379,638	0	0	1,474,100	50.02
51.00	05100	RECOVERY ROOM		0.132378	2,889,990	0	0	382,571	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.362675	135	0	0	49	52.00
53.00	05300	ANESTHESIOLOGY		0.036590	9,045,715	0	0	330,983	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.112945	7,639,570	0	0	862,851	54.00
54.01	03630	ULTRA SOUND		0.084121	4,706,841	0	0	395,944	54.01
54.02	05401	PET SCAN		0.166259	5,572,575	0	0	926,491	54.02
54.03	03480	ONCOLOGY		0.092272	19,122,300	0	0	1,764,453	54.03
54.04	03440	MAMMOGRAPHY		0.128075	1,552,035	0	0	198,777	54.04
56.00	05600	RADIOISOTOPE		0.106258	6,851,345	0	0	728,010	56.00
57.00	05700	CT SCAN		0.045194	22,378,555	0	0	1,011,376	57.00
58.00	05800	MRI		0.083168	9,659,105	0	0	803,328	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.177836	38,102,889	0	0	6,776,065	59.00
60.00	06000	LABORATORY		0.085934	18,136,544	0	0	1,558,546	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.259219	707,918	0	0	183,506	63.00
64.00	06400	INTRAVENOUS THERAPY		0.623515	62,943	0	0	39,246	64.00
65.00	06500	RESPIRATORY THERAPY		0.097690	846,093	0	0	82,655	65.00
66.00	06600	PHYSICAL THERAPY		0.157884	0	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT		0.258356	228,601	0	0	59,060	66.01
66.02	06602	REHAB MED SURGICAL		0.195606	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.055611	9,208,550	0	0	512,097	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.118796	1,178,050	0	0	139,948	70.00
70.01	07001	NEUROMEG		0.000000	0	0	0	0	70.01
70.02	07002	SLEEP LAB		0.118061	3,350,488	0	0	395,562	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.259179	8,457,656	0	0	2,192,047	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.345774	18,389,901	0	0	6,358,750	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.202446	31,189,166	27,300	33,590	6,314,122	73.00
74.00	07400	RENAL DIALYSIS		0.275899	365,387	0	0	100,810	74.00
76.97	07697	CARDIAC REHABILITATION		0.558643	922,404	0	0	515,295	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.220633	6,986,851	0	0	1,541,530	90.00
90.01	09001	DAY REHAB		0.196245	86,937	0	0	17,061	90.01
90.02	09002	IMAGING CENTERS		0.115736	4,652,348	0	0	538,444	90.02
90.03	09003	COUMADIN CLINIC		0.232042	607,706	0	0	141,013	90.03
90.04	09004	WOUND CLINIC		0.091676	9,827,195	0	0	900,918	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS		0.079954	29,651,600	0	0	2,370,764	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC		0.722686	351,469	0	0	254,002	90.06
91.00	09100	EMERGENCY		0.109189	17,929,317	0	300	1,957,684	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.338416	5,915,577	0	0	2,001,926	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0.000000		0			94.00
200.00		Subtotal (see instructions)			332,079,609	27,300	33,890	47,969,638	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			332,079,609	27,300	33,890	47,969,638	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0258		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/27/2019 8:37 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Costs					
				Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
				6.00	7.00				
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0				
50.01	05001	GAMMA KNIFE		0	0				
50.02	03330	ENDOSCOPY		0	0				
51.00	05100	RECOVERY ROOM		0	0				
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0				
53.00	05300	ANESTHESIOLOGY		0	0				
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0				
54.01	03630	ULTRA SOUND		0	0				
54.02	05401	PET SCAN		0	0				
54.03	03480	ONCOLOGY		0	0				
54.04	03440	MAMMOGRAPHY		0	0				
56.00	05600	RADIOISOTOPE		0	0				
57.00	05700	CT SCAN		0	0				
58.00	05800	MRI		0	0				
59.00	05900	CARDIAC CATHETERIZATION		0	0				
60.00	06000	LABORATORY		0	0				
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0				
64.00	06400	INTRAVENOUS THERAPY		0	0				
65.00	06500	RESPIRATORY THERAPY		0	0				
66.00	06600	PHYSICAL THERAPY		0	0				
66.01	06601	REHAB OUTPATIENT		0	0				
66.02	06602	REHAB MED SURGICAL		0	0				
67.00	06700	OCCUPATIONAL THERAPY		0	0				
68.00	06800	SPEECH PATHOLOGY		0	0				
69.00	06900	ELECTROCARDIOLOGY		0	0				
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0				
70.01	07001	NEUROMEG		0	0				
70.02	07002	SLEEP LAB		0	0				
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0				
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0				
73.00	07300	DRUGS CHARGED TO PATIENTS		5,527	6,800				
74.00	07400	RENAL DIALYSIS		0	0				
76.97	07697	CARDIAC REHABILITATION		0	0				
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0				
76.99	07699	LITHOTRIPSY		0	0				
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0				
90.01	09001	DAY REHAB		0	0				
90.02	09002	IMAGING CENTERS		0	0				
90.03	09003	COUMADIN CLINIC		0	0				
90.04	09004	WOUND CLINIC		0	0				
90.05	09005	CARDIOVASCULAR IMAGING CENTERS		0	0				
90.06	09007	CONGESTIVE HEART FAILURE CLINIC		0	0				
91.00	09100	EMERGENCY		0	33				
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0				
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0				
200.00		Subtotal (see instructions)		5,527	6,833				
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0					
202.00		Net Charges (line 200 - line 201)		5,527	6,833				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0258	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part II Date/Time Prepared: 11/27/2019 8:37 am
				Component CCN: 14-S258		
				Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	6,178,232	176,913,079	0.034922	0	0 50.00
50.01	05001 GAMMA KNIFE	124,391	12,292,988	0.010119	0	0 50.01
50.02	03330 ENDOSCOPY	816,611	59,844,711	0.013645	0	0 50.02
51.00	05100 RECOVERY ROOM	224,596	24,500,504	0.009167	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	704,027	15,361,167	0.045832	0	0 52.00
53.00	05300 ANESTHESIOLOGY	1,040,229	66,192,768	0.015715	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	945,456	44,825,630	0.021092	147,171	3,104 54.00
54.01	03630 ULTRA SOUND	371,904	30,270,900	0.012286	33,328	409 54.01
54.02	05401 PET SCAN	1,098,618	11,867,953	0.092570	0	0 54.02
54.03	03480 ONCOLOGY	781,330	47,124,100	0.016580	0	0 54.03
54.04	03440 MAMMOGRAPHY	257,604	16,650,100	0.015472	0	0 54.04
56.00	05600 RADIOISOTOPE	175,764	22,465,350	0.007824	0	0 56.00
57.00	05700 CT SCAN	491,203	108,612,601	0.004523	367,102	1,660 57.00
58.00	05800 MRI	665,826	38,429,438	0.017326	12,916	224 58.00
59.00	05900 CARDIAC CATHETERIZATION	2,087,146	148,122,096	0.014091	0	0 59.00
60.00	06000 LABORATORY	1,697,759	273,834,547	0.006200	2,094,469	12,986 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	61,508	11,278,201	0.005454	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	26,253	2,181,736	0.012033	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	178,262	51,593,344	0.003455	81,163	280 65.00
66.00	06600 PHYSICAL THERAPY	287,460	39,449,041	0.007287	0	0 66.00
66.01	06601 REHAB OUTPATIENT	270,879	14,181,362	0.019101	0	0 66.01
66.02	06602 REHAB MED SURGICAL	60,174	19,138,926	0.003144	198,599	624 66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	432,410	53,027,711	0.008154	111,284	907 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	139,168	4,506,352	0.030883	1,733	54 70.00
70.01	07001 NEUROMEG	0	0	0.000000	0	0 70.01
70.02	07002 SLEEP LAB	180,379	12,634,213	0.014277	0	0 70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	383,665	75,018,439	0.005114	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	656,966	95,621,601	0.006870	5,482	38 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	315,756	187,884,672	0.001681	1,004,958	1,689 73.00
74.00	07400 RENAL DIALYSIS	41,893	7,464,062	0.005613	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	193,624	2,014,315	0.096124	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0 76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	406,093	16,739,333	0.024260	297	7 90.00
90.01	09001 DAY REHAB	76,999	10,429,780	0.007383	0	0 90.01
90.02	09002 IMAGING CENTERS	314,107	14,807,903	0.021212	0	0 90.02
90.03	09003 COUMADIN CLINIC	18,031	1,280,587	0.014080	0	0 90.03
90.04	09004 WOUND CLINIC	194,848	19,651,584	0.009915	0	0 90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	1,430,653	67,499,383	0.021195	0	0 90.05
90.06	09007 CONGESTIVE HEART FAILURE CLINIC	8,216	522,472	0.015725	0	0 90.06
91.00	09100 EMERGENCY	682,340	122,365,576	0.005576	512,231	2,856 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	27,703,749	0.000000	11,008	0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0 94.00
200.00	Total (lines 50 through 199)	24,020,380	1,954,302,274		4,581,741	24,838 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0258 Component CCN: 14-S258		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/27/2019 8:37 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
50.01	05001	GAMMA KNIFE		0	0	0	0	0	50.01
50.02	03330	ENDOSCOPY		0	0	0	0	0	50.02
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	03630	ULTRA SOUND		0	0	0	0	0	54.01
54.02	05401	PET SCAN		0	0	0	0	0	54.02
54.03	03480	ONCOLOGY		0	0	0	0	0	54.03
54.04	03440	MAMMOGRAPHY		0	0	0	0	0	54.04
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
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
66.01	06601	REHAB OUTPATIENT		0	0	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL		0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
70.01	07001	NEUROMEG		0	0	0	0	0	70.01
70.02	07002	SLEEP LAB		0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	DAY REHAB		0	0	0	0	0	90.01
90.02	09002	IMAGING CENTERS		0	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC		0	0	0	0	0	90.03
90.04	09004	WOUND CLINIC		0	0	0	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS		0	0	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC		0	0	0	0	0	90.06
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		0		0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0	94.00
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: 14-0258 Component CCN: 14-S258		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/27/2019 8:37 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	176,913,079	0.000000	50.00
50.01	05001	GAMMA KNIFE		0	0	0	12,292,988	0.000000	50.01
50.02	03330	ENDOSCOPY		0	0	0	59,844,711	0.000000	50.02
51.00	05100	RECOVERY ROOM		0	0	0	24,500,504	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	15,361,167	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	66,192,768	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	44,825,630	0.000000	54.00
54.01	03630	ULTRA SOUND		0	0	0	30,270,900	0.000000	54.01
54.02	05401	PET SCAN		0	0	0	11,867,953	0.000000	54.02
54.03	03480	ONCOLOGY		0	0	0	47,124,100	0.000000	54.03
54.04	03440	MAMMOGRAPHY		0	0	0	16,650,100	0.000000	54.04
56.00	05600	RADIOISOTOPE		0	0	0	22,465,350	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	108,612,601	0.000000	57.00
58.00	05800	MRI		0	0	0	38,429,438	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	148,122,096	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	273,834,547	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	11,278,201	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	2,181,736	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	51,593,344	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	39,449,041	0.000000	66.00
66.01	06601	REHAB OUTPATIENT		0	0	0	14,181,362	0.000000	66.01
66.02	06602	REHAB MED SURGICAL		0	0	0	19,138,926	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	53,027,711	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	4,506,352	0.000000	70.00
70.01	07001	NEUROMEG		0	0	0	0	0.000000	70.01
70.02	07002	SLEEP LAB		0	0	0	12,634,213	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	75,018,439	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	95,621,601	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	187,884,672	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	7,464,062	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	2,014,315	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	16,739,333	0.000000	90.00
90.01	09001	DAY REHAB		0	0	0	10,429,780	0.000000	90.01
90.02	09002	IMAGING CENTERS		0	0	0	14,807,903	0.000000	90.02
90.03	09003	COUMADIN CLINIC		0	0	0	1,280,587	0.000000	90.03
90.04	09004	WOUND CLINIC		0	0	0	19,651,584	0.000000	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS		0	0	0	67,499,383	0.000000	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC		0	0	0	522,472	0.000000	90.06
91.00	09100	EMERGENCY		0	0	0	122,365,576	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	27,703,749	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0.000000	94.00
200.00		Total (lines 50 through 199)		0	0	0	1,954,302,274		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0258 Component CCN: 14-S258		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/27/2019 8:37 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
50.01	05001	GAMMA KNIFE	0.000000	0	0	0	0	0	50.01
50.02	03330	ENDOSCOPY	0.000000	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	147,171	0	7,859	0	0	54.00
54.01	03630	ULTRA SOUND	0.000000	33,328	0	1,279	0	0	54.01
54.02	05401	PET SCAN	0.000000	0	0	0	0	0	54.02
54.03	03480	ONCOLOGY	0.000000	0	0	0	0	0	54.03
54.04	03440	MAMMOGRAPHY	0.000000	0	0	0	0	0	54.04
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	367,102	0	8,430	0	0	57.00
58.00	05800	MRI	0.000000	12,916	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	2,094,469	0	6,104	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	918	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	81,163	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0.000000	0	0	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0.000000	198,599	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	111,284	0	2,320	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,733	0	0	0	0	70.00
70.01	07001	NEUROMEG	0.000000	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0.000000	0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,482	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,004,958	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	297	0	0	0	0	90.00
90.01	09001	DAY REHAB	0.000000	0	0	0	0	0	90.01
90.02	09002	IMAGING CENTERS	0.000000	0	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	0.000000	0	0	0	0	0	90.03
90.04	09004	WOUND CLINIC	0.000000	0	0	0	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.000000	0	0	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0.000000	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0.000000	512,231	0	13,429	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	11,008	0	3,218	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	0	94.00
200.00		Total (lines 50 through 199)		4,581,741	0	43,557	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0258 Component CCN: 14-S258		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/27/2019 8:37 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.179303	0	0	0	0	0	50.00
50.01	05001	GAMMA KNIFE	0.269506	0	0	0	0	0	50.01
50.02	03330	ENDOSCOPY	0.102513	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.132378	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.362675	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.036590	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.112945	7,859	0	0	0	888	54.00
54.01	03630	ULTRA SOUND	0.084121	1,279	0	0	0	108	54.01
54.02	05401	PET SCAN	0.166259	0	0	0	0	0	54.02
54.03	03480	ONCOLOGY	0.092272	0	0	0	0	0	54.03
54.04	03440	MAMMOGRAPHY	0.128075	0	0	0	0	0	54.04
56.00	05600	RADIOISOTOPE	0.106258	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.045194	8,430	0	0	0	381	57.00
58.00	05800	MRI	0.083168	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.177836	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.085934	6,104	0	0	0	525	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.259219	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.623515	918	0	0	0	572	64.00
65.00	06500	RESPIRATORY THERAPY	0.097690	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.157884	0	0	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0.258356	0	0	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0.195606	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.055611	2,320	0	0	0	129	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118796	0	0	0	0	0	70.00
70.01	07001	NEUROMEG	0.000000	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0.118061	0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259179	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.345774	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.202446	0	0	2,244	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.275899	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.558643	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.220633	0	0	0	0	0	90.00
90.01	09001	DAY REHAB	0.196245	0	0	0	0	0	90.01
90.02	09002	IMAGING CENTERS	0.115736	0	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	0.232042	0	0	0	0	0	90.03
90.04	09004	WOUND CLINIC	0.091676	0	0	0	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.079954	0	0	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0.722686	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0.109189	13,429	0	0	0	1,466	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.338416	3,218	0	0	0	1,089	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	0	94.00
200.00		Subtotal (see instructions)		43,557	0	2,244	5,158	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		43,557	0	2,244	5,158	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0258 Component CCN: 14-S258		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/27/2019 8:37 am		
			Title XVIII		Subprovider - IPF		PPS		
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
50.01	05001	GAMMA KNIFE	0	0					50.01
50.02	03330	ENDOSCOPY	0	0					50.02
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	03630	ULTRA SOUND	0	0					54.01
54.02	05401	PET SCAN	0	0					54.02
54.03	03480	ONCOLOGY	0	0					54.03
54.04	03440	MAMMOGRAPHY	0	0					54.04
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
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
66.01	06601	REHAB OUTPATIENT	0	0					66.01
66.02	06602	REHAB MED SURGICAL	0	0					66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
70.01	07001	NEUROMEG	0	0					70.01
70.02	07002	SLEEP LAB	0	0					70.02
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	454					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
90.01	09001	DAY REHAB	0	0					90.01
90.02	09002	IMAGING CENTERS	0	0					90.02
90.03	09003	COUMADIN CLINIC	0	0					90.03
90.04	09004	WOUND CLINIC	0	0					90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0					90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0					90.06
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0					94.00
200.00		Subtotal (see instructions)	0	454					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	454					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0258	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part II Date/Time Prepared: 11/27/2019 8:37 am
				Component CCN: 14-T258		
				Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	6,178,232	176,913,079	0.034922	39,477	1,379	50.00
50.01 05001 GAMMA KNIFE	124,391	12,292,988	0.010119	0	0	50.01
50.02 03330 ENDOSCOPY	816,611	59,844,711	0.013645	46,084	629	50.02
51.00 05100 RECOVERY ROOM	224,596	24,500,504	0.009167	24,012	220	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	704,027	15,361,167	0.045832	0	0	52.00
53.00 05300 ANESTHESIOLOGY	1,040,229	66,192,768	0.015715	30,108	473	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	945,456	44,825,630	0.021092	343,733	7,250	54.00
54.01 03630 ULTRA SOUND	371,904	30,270,900	0.012286	100,545	1,235	54.01
54.02 05401 PET SCAN	1,098,618	11,867,953	0.092570	0	0	54.02
54.03 03480 ONCOLOGY	781,330	47,124,100	0.016580	76,972	1,276	54.03
54.04 03440 MAMMOGRAPHY	257,604	16,650,100	0.015472	0	0	54.04
56.00 05600 RADIOISOTOPE	175,764	22,465,350	0.007824	3,995	31	56.00
57.00 05700 CT SCAN	491,203	108,612,601	0.004523	273,501	1,237	57.00
58.00 05800 MRI	665,826	38,429,438	0.017326	55,413	960	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,087,146	148,122,096	0.014091	104,770	1,476	59.00
60.00 06000 LABORATORY	1,697,759	273,834,547	0.006200	5,646,552	35,009	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	61,508	11,278,201	0.005454	48,618	265	63.00
64.00 06400 INTRAVENOUS THERAPY	26,253	2,181,736	0.012033	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	178,262	51,593,344	0.003455	1,393,856	4,816	65.00
66.00 06600 PHYSICAL THERAPY	287,460	39,449,041	0.007287	24,620,197	179,407	66.00
66.01 06601 REHAB OUTPATIENT	270,879	14,181,362	0.019101	0	0	66.01
66.02 06602 REHAB MED SURGICAL	60,174	19,138,926	0.003144	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	432,410	53,027,711	0.008154	87,047	710	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	139,168	4,506,352	0.030883	1,733	54	70.00
70.01 07001 NEUROMEG	0	0	0.000000	0	0	70.01
70.02 07002 SLEEP LAB	180,379	12,634,213	0.014277	0	0	70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	383,665	75,018,439	0.005114	15,857	81	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	656,966	95,621,601	0.006870	17,819	122	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	315,756	187,884,672	0.001681	5,257,322	8,838	73.00
74.00 07400 RENAL DIALYSIS	41,893	7,464,062	0.005613	1,016,020	5,703	74.00
76.97 07697 CARDIAC REHABILITATION	193,624	2,014,315	0.096124	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99 07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	406,093	16,739,333	0.024260	3,979	97	90.00
90.01 09001 DAY REHAB	76,999	10,429,780	0.007383	0	0	90.01
90.02 09002 IMAGING CENTERS	314,107	14,807,903	0.021212	0	0	90.02
90.03 09003 COUMADIN CLINIC	18,031	1,280,587	0.014080	0	0	90.03
90.04 09004 WOUND CLINIC	194,848	19,651,584	0.009915	0	0	90.04
90.05 09005 CARDIOVASCULAR IMAGING CENTERS	1,430,653	67,499,383	0.021195	0	0	90.05
90.06 09007 CONGESTIVE HEART FAILURE CLINIC	8,216	522,472	0.015725	0	0	90.06
91.00 09100 EMERGENCY	682,340	122,365,576	0.005576	33,870	189	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	27,703,749	0.000000	48,352	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00 Total (lines 50 through 199)	24,020,380	1,954,302,274		39,289,832	251,457	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0258 Component CCN: 14-T258		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/27/2019 8:37 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
50.01	05001	GAMMA KNIFE		0	0	0	0	0	50.01
50.02	03330	ENDOSCOPY		0	0	0	0	0	50.02
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	03630	ULTRA SOUND		0	0	0	0	0	54.01
54.02	05401	PET SCAN		0	0	0	0	0	54.02
54.03	03480	ONCOLOGY		0	0	0	0	0	54.03
54.04	03440	MAMMOGRAPHY		0	0	0	0	0	54.04
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
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
66.01	06601	REHAB OUTPATIENT		0	0	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL		0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
70.01	07001	NEUROMEG		0	0	0	0	0	70.01
70.02	07002	SLEEP LAB		0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	DAY REHAB		0	0	0	0	0	90.01
90.02	09002	IMAGING CENTERS		0	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC		0	0	0	0	0	90.03
90.04	09004	WOUND CLINIC		0	0	0	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS		0	0	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC		0	0	0	0	0	90.06
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		0		0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0	94.00
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: 14-0258 Component CCN: 14-T258		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/27/2019 8:37 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	176,913,079	0.000000	50.00
50.01	05001	GAMMA KNIFE		0	0	0	12,292,988	0.000000	50.01
50.02	03330	ENDOSCOPY		0	0	0	59,844,711	0.000000	50.02
51.00	05100	RECOVERY ROOM		0	0	0	24,500,504	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	15,361,167	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	66,192,768	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	44,825,630	0.000000	54.00
54.01	03630	ULTRA SOUND		0	0	0	30,270,900	0.000000	54.01
54.02	05401	PET SCAN		0	0	0	11,867,953	0.000000	54.02
54.03	03480	ONCOLOGY		0	0	0	47,124,100	0.000000	54.03
54.04	03440	MAMMOGRAPHY		0	0	0	16,650,100	0.000000	54.04
56.00	05600	RADIOISOTOPE		0	0	0	22,465,350	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	108,612,601	0.000000	57.00
58.00	05800	MRI		0	0	0	38,429,438	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	148,122,096	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	273,834,547	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	11,278,201	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	2,181,736	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	51,593,344	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	39,449,041	0.000000	66.00
66.01	06601	REHAB OUTPATIENT		0	0	0	14,181,362	0.000000	66.01
66.02	06602	REHAB MED SURGICAL		0	0	0	19,138,926	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	53,027,711	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	4,506,352	0.000000	70.00
70.01	07001	NEUROMEG		0	0	0	0	0.000000	70.01
70.02	07002	SLEEP LAB		0	0	0	12,634,213	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	75,018,439	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	95,621,601	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	187,884,672	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	7,464,062	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	2,014,315	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	16,739,333	0.000000	90.00
90.01	09001	DAY REHAB		0	0	0	10,429,780	0.000000	90.01
90.02	09002	IMAGING CENTERS		0	0	0	14,807,903	0.000000	90.02
90.03	09003	COUMADIN CLINIC		0	0	0	1,280,587	0.000000	90.03
90.04	09004	WOUND CLINIC		0	0	0	19,651,584	0.000000	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS		0	0	0	67,499,383	0.000000	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC		0	0	0	522,472	0.000000	90.06
91.00	09100	EMERGENCY		0	0	0	122,365,576	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	27,703,749	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0.000000	94.00
200.00		Total (lines 50 through 199)		0	0	0	1,954,302,274		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0258 Component CCN: 14-T258		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/27/2019 8:37 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		39,477	0	3,803	0	50.00
50.01	05001	GAMMA KNIFE	0.000000		0	0	0	0	50.01
50.02	03330	ENDOSCOPY	0.000000		46,084	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.000000		24,012	0	1,875	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		30,108	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		343,733	0	18,886	0	54.00
54.01	03630	ULTRA SOUND	0.000000		100,545	0	984	0	54.01
54.02	05401	PET SCAN	0.000000		0	0	0	0	54.02
54.03	03480	ONCOLOGY	0.000000		76,972	0	0	0	54.03
54.04	03440	MAMMOGRAPHY	0.000000		0	0	0	0	54.04
56.00	05600	RADIOISOTOPE	0.000000		3,995	0	0	0	56.00
57.00	05700	CT SCAN	0.000000		273,501	0	6,965	0	57.00
58.00	05800	MRI	0.000000		55,413	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		104,770	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		5,646,552	0	18,828	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		48,618	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		1,393,856	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		24,620,197	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0.000000		0	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0.000000		0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000		0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		87,047	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		1,733	0	0	0	70.00
70.01	07001	NEUROMEG	0.000000		0	0	0	0	70.01
70.02	07002	SLEEP LAB	0.000000		0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		15,857	0	332	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		17,819	0	441	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		5,257,322	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		1,016,020	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000		0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		3,979	0	0	0	90.00
90.01	09001	DAY REHAB	0.000000		0	0	0	0	90.01
90.02	09002	IMAGING CENTERS	0.000000		0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	0.000000		0	0	0	0	90.03
90.04	09004	WOUND CLINIC	0.000000		0	0	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.000000		0	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0.000000		0	0	0	0	90.06
91.00	09100	EMERGENCY	0.000000		33,870	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		48,352	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0	0	0	94.00
200.00		Total (lines 50 through 199)			39,289,832	0	52,114	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0258 Component CCN: 14-T258		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/27/2019 8:37 am	
				Title XVIII		Subprovider - IRF		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	0.179303	3,803	0	0	682	50.00	
50.01	05001	GAMMA KNIFE	0.269506	0	0	0	0	50.01	
50.02	03330	ENDOSCOPY	0.102513	0	0	0	0	50.02	
51.00	05100	RECOVERY ROOM	0.132378	1,875	0	0	248	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.362675	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.036590	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.112945	18,886	0	0	2,133	54.00	
54.01	03630	ULTRA SOUND	0.084121	984	0	0	83	54.01	
54.02	05401	PET SCAN	0.166259	0	0	0	0	54.02	
54.03	03480	ONCOLOGY	0.092272	0	0	0	0	54.03	
54.04	03440	MAMMOGRAPHY	0.128075	0	0	0	0	54.04	
56.00	05600	RADIOISOTOPE	0.106258	0	0	0	0	56.00	
57.00	05700	CT SCAN	0.045194	6,965	0	0	315	57.00	
58.00	05800	MRI	0.083168	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.177836	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.085934	18,828	0	0	1,618	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.259219	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.623515	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.097690	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.157884	0	0	0	0	66.00	
66.01	06601	REHAB OUTPATIENT	0.258356	0	0	0	0	66.01	
66.02	06602	REHAB MED SURGICAL	0.195606	0	0	0	0	66.02	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.055611	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118796	0	0	0	0	70.00	
70.01	07001	NEUROMEG	0.000000	0	0	0	0	70.01	
70.02	07002	SLEEP LAB	0.118061	0	0	0	0	70.02	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259179	332	0	0	86	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.345774	441	0	0	152	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.202446	0	0	3,497	0	73.00	
74.00	07400	RENAL DIALYSIS	0.275899	0	0	0	0	74.00	
76.97	07697	CARDIAC REHABILITATION	0.558643	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.220633	0	0	0	0	90.00	
90.01	09001	DAY REHAB	0.196245	0	0	0	0	90.01	
90.02	09002	IMAGING CENTERS	0.115736	0	0	0	0	90.02	
90.03	09003	COUMADIN CLINIC	0.232042	0	0	0	0	90.03	
90.04	09004	WOUND CLINIC	0.091676	0	0	0	0	90.04	
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.079954	0	0	0	0	90.05	
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0.722686	0	0	0	0	90.06	
91.00	09100	EMERGENCY	0.109189	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.338416	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00	
200.00		Subtotal (see instructions)		52,114	0	3,497	5,317	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		52,114	0	3,497	5,317	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0258 Component CCN: 14-T258		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/27/2019 8:37 am		
			Title XVIII		Subprovider - IRF		PPS		
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0					50.00
50.01	05001	GAMMA KNIFE	0	0					50.01
50.02	03330	ENDOSCOPY	0	0					50.02
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	03630	ULTRA SOUND	0	0					54.01
54.02	05401	PET SCAN	0	0					54.02
54.03	03480	ONCOLOGY	0	0					54.03
54.04	03440	MAMMOGRAPHY	0	0					54.04
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
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
66.01	06601	REHAB OUTPATIENT	0	0					66.01
66.02	06602	REHAB MED SURGICAL	0	0					66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
70.01	07001	NEUROMEG	0	0					70.01
70.02	07002	SLEEP LAB	0	0					70.02
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	708					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
90.01	09001	DAY REHAB	0	0					90.01
90.02	09002	IMAGING CENTERS	0	0					90.02
90.03	09003	COUMADIN CLINIC	0	0					90.03
90.04	09004	WOUND CLINIC	0	0					90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0					90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0					90.06
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0					94.00
200.00		Subtotal (see instructions)	0	708					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	708					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0258	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/27/2019 8:37 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		69,075	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		69,075	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)		60,192	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)		31,323	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)		72,904,058	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)		72,904,058	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)		72,904,058	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,055.43	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		33,059,234	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)		33,059,234	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0258	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/27/2019 8:37 am
				Title XVIII	Hospital	PPS
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	18,396,917	9,308	1,976.46	3,428	6,775,305
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					59,211,436
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					99,045,975
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,067,121
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,851,641
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,918,762
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					92,127,213
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)					8,883
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,055.43
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,375,385

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0258

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

Worksheet D-1

Date/Time Prepared:
11/27/2019 8:37 am

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	5,414,954	72,904,058	0.074275	9,375,385	696,357
91.00	Nursing School cost	0	72,904,058	0.000000	9,375,385	0
92.00	Allied health cost	400,063	72,904,058	0.005488	9,375,385	51,452
93.00	All other Medical Education	0	72,904,058	0.000000	9,375,385	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0258 Component CCN: 14-S258	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/27/2019 8:37 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,572	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,572	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)		5,572	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)		4,003	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,933,985	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,933,985	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,933,985	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)		885.50	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,544,657	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,544,657	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0258 Component CCN: 14-S258	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/27/2019 8:37 am	
				Title XVIII		Subprovider - IPF	PPS
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						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)					535,315	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,079,972	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					352,905	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					24,838	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					377,743	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,702,229	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0258 Component CCN: 14-S258		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/27/2019 8:37 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	454,182	4,933,985	0.092052	0	0	90.00
91.00	Nursing School cost	0	4,933,985	0.000000	0	0	91.00
92.00	Allied health cost	37,034	4,933,985	0.007506	0	0	92.00
93.00	All other Medical Education	0	4,933,985	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0258 Component CCN: 14-T258	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/27/2019 8:37 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,291	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,291	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)		21,291	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)		13,346	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)		37,436,178	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)		37,436,178	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)		37,436,178	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,758.31	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		23,466,405	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)		23,466,405	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0258 Component CCN: 14-T258	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/27/2019 8:37 am
			Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					6,008,528
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					29,474,933
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,424,686
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					251,457
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,676,143
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					27,798,790
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0258

Period:

Worksheet D-1

Component CCN: 14-T258

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/27/2019 8:37 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,131,263	37,436,178	0.056931	0	0	90.00
91.00	Nursing School cost	0	37,436,178	0.000000	0	0	91.00
92.00	Allied health cost	141,509	37,436,178	0.003780	0	0	92.00
93.00	All other Medical Education	0	37,436,178	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0258	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/27/2019 8:37 am
			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		79,157,184	30.00
31.00	03100	INTENSIVE CARE UNIT		18,723,387	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.179303	37,863,391	50.00
50.01	05001	GAMMA KNIFE	0.270638	0	50.01
50.02	03330	ENDOSCOPY	0.102513	6,168,862	50.02
51.00	05100	RECOVERY ROOM	0.132378	4,769,926	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.362675	14,135	52.00
53.00	05300	ANESTHESIOLOGY	0.036590	12,810,869	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.112945	8,647,635	54.00
54.01	03630	ULTRA SOUND	0.084121	4,363,498	54.01
54.02	05401	PET SCAN	0.166259	60,508	54.02
54.03	03480	ONCOLOGY	0.092272	988,787	54.03
54.04	03440	MAMMOGRAPHY	0.128075	37,141	54.04
56.00	05600	RADIOISOTOPE	0.106258	3,744,280	56.00
57.00	05700	CT SCAN	0.045194	17,610,282	57.00
58.00	05800	MRI	0.083168	4,903,951	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.177836	38,421,752	59.00
60.00	06000	LABORATORY	0.085934	51,818,008	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.259219	4,009,693	63.00
64.00	06400	INTRAVENOUS THERAPY	0.623515	264,823	64.00
65.00	06500	RESPIRATORY THERAPY	0.097690	24,442,840	65.00
66.00	06600	PHYSICAL THERAPY	0.157884	0	66.00
66.01	06601	REHAB OUTPATIENT	0.258356	0	66.01
66.02	06602	REHAB MED SURGICAL	0.195606	10,006,520	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.055611	12,869,501	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118796	186,463	70.00
70.01	07001	NEUROMEG	0.000000	0	70.01
70.02	07002	SLEEP LAB	0.118061	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259179	15,035,915	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.345774	36,796,897	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.202446	45,260,702	73.00
74.00	07400	RENAL DIALYSIS	0.275899	4,171,159	74.00
76.97	07697	CARDIAC REHABILITATION	0.558643	12,442	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.220633	74,741	90.00
90.01	09001	DAY REHAB	0.196245	0	90.01
90.02	09002	IMAGING CENTERS	0.115736	17,908	90.02
90.03	09003	COUMADIN CLINIC	0.232042	1,007	90.03
90.04	09004	WOUND CLINIC	0.091676	76,070	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.079954	256,444	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0.722686	9,096	90.06
91.00	09100	EMERGENCY	0.109189	16,216,190	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.338416	3,828,428	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		365,759,864	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)		365,759,864	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0258 Component CCN: 14-S258	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/27/2019 8:37 am	
			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
40.00	04000	SUBPROVIDER - IPF		9,615,798		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.179303	0	0	50.00
50.01	05001	GAMMA KNIFE	0.270638	0	0	50.01
50.02	03330	ENDOSCOPY	0.102513	0	0	50.02
51.00	05100	RECOVERY ROOM	0.132378	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.362675	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.036590	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.112945	147,171	16,622	54.00
54.01	03630	ULTRA SOUND	0.084121	33,328	2,804	54.01
54.02	05401	PET SCAN	0.166259	0	0	54.02
54.03	03480	ONCOLOGY	0.092272	0	0	54.03
54.04	03440	MAMMOGRAPHY	0.128075	0	0	54.04
56.00	05600	RADIOISOTOPE	0.106258	0	0	56.00
57.00	05700	CT SCAN	0.045194	367,102	16,591	57.00
58.00	05800	MRI	0.083168	12,916	1,074	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.177836	0	0	59.00
60.00	06000	LABORATORY	0.085934	2,094,469	179,986	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.259219	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.623515	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.097690	81,163	7,929	65.00
66.00	06600	PHYSICAL THERAPY	0.157884	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0.258356	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0.195606	198,599	38,847	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.055611	111,284	6,189	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118796	1,733	206	70.00
70.01	07001	NEUROMEG	0.000000	0	0	70.01
70.02	07002	SLEEP LAB	0.118061	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259179	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.345774	5,482	1,896	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.202446	1,004,958	203,450	73.00
74.00	07400	RENAL DIALYSIS	0.275899	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.558643	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.220633	297	66	90.00
90.01	09001	DAY REHAB	0.196245	0	0	90.01
90.02	09002	IMAGING CENTERS	0.115736	0	0	90.02
90.03	09003	COUMADIN CLINIC	0.232042	0	0	90.03
90.04	09004	WOUND CLINIC	0.091676	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.079954	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0.722686	0	0	90.06
91.00	09100	EMERGENCY	0.109189	512,231	55,930	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.338416	11,008	3,725	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,581,741	535,315	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)		4,581,741		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0258	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3
			Component CCN: 14-T258		Date/Time Prepared: 11/27/2019 8:37 am
			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
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		31,925,815	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.179303	39,477	50.00
50.01	05001	GAMMA KNIFE	0.270638	0	50.01
50.02	03330	ENDOSCOPY	0.102513	46,084	50.02
51.00	05100	RECOVERY ROOM	0.132378	24,012	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.362675	0	52.00
53.00	05300	ANESTHESIOLOGY	0.036590	30,108	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.112945	343,733	54.00
54.01	03630	ULTRA SOUND	0.084121	100,545	54.01
54.02	05401	PET SCAN	0.166259	0	54.02
54.03	03480	ONCOLOGY	0.092272	76,972	54.03
54.04	03440	MAMMOGRAPHY	0.128075	0	54.04
56.00	05600	RADIOISOTOPE	0.106258	3,995	56.00
57.00	05700	CT SCAN	0.045194	273,501	57.00
58.00	05800	MRI	0.083168	55,413	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.177836	104,770	59.00
60.00	06000	LABORATORY	0.085934	5,646,552	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.259219	48,618	63.00
64.00	06400	INTRAVENOUS THERAPY	0.623515	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.097690	1,393,856	65.00
66.00	06600	PHYSICAL THERAPY	0.157884	24,620,197	66.00
66.01	06601	REHAB OUTPATIENT	0.258356	0	66.01
66.02	06602	REHAB MED SURGICAL	0.195606	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.055611	87,047	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118796	1,733	70.00
70.01	07001	NEUROMEG	0.000000	0	70.01
70.02	07002	SLEEP LAB	0.118061	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259179	15,857	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.345774	17,819	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.202446	5,257,322	73.00
74.00	07400	RENAL DIALYSIS	0.275899	1,016,020	74.00
76.97	07697	CARDIAC REHABILITATION	0.558643	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.220633	3,979	90.00
90.01	09001	DAY REHAB	0.196245	0	90.01
90.02	09002	IMAGING CENTERS	0.115736	0	90.02
90.03	09003	COUMADIN CLINIC	0.232042	0	90.03
90.04	09004	WOUND CLINIC	0.091676	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.079954	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0.722686	0	90.06
91.00	09100	EMERGENCY	0.109189	33,870	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.338416	48,352	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		39,289,832	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)		39,289,832	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0258	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/27/2019 8:37 am
		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)		16,755,167	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		55,420,438	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)		4,216,205	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		232.66	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)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	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)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	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.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	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		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	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)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.31	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.61	31.00
32.00	Sum of lines 30 and 31		18.92	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.05	33.00
34.00	Disproportionate share adjustment (see instructions)		911,217	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0258	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/27/2019 8:37 am
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000340621	0.000357265	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,304,879	2,955,610	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	580,956	2,210,634	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,791,590		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	80,094,617		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)		80,094,617	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		6,248,713	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).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		1	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		204,156	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		7,109	58.00
59.00	Total (sum of amounts on lines 49 through 58)		86,554,596	59.00
60.00	Primary payer payments		80,387	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		86,474,209	61.00
62.00	Deductibles billed to program beneficiaries		5,936,000	62.00
63.00	Coinsurance billed to program beneficiaries		449,908	63.00
64.00	Allowable bad debts (see instructions)		823,085	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		535,005	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		461,065	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		80,623,306	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		71,364	70.93
70.94	HRR adjustment amount (see instructions)		-481,856	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
11/27/2019 8:37 am

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		80,212,814		71.00
71.01	Sequestration adjustment (see instructions)		1,604,256		71.01
71.02	Demonstration payment adjustment amount after sequestration		0		71.02
72.00	Interim payments		78,350,328		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		258,230		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0		102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000		103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0		104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0258	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/27/2019 8:37 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		12,360	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		47,958,653	2.00
3.00	OPPS payments		48,003,124	3.00
4.00	Outlier payment (see instructions)		50,666	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		10,985	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		12,360	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		61,190	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)		61,190	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		61,190	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		48,830	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)		12,360	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)		48,064,775	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		5,460	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		8,303,890	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)		39,767,785	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)		39,767,785	30.00
31.00	Primary payer payments		13,258	31.00
32.00	Subtotal (line 30 minus line 31)		39,754,527	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)		949,379	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		617,096	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		519,599	36.00
37.00	Subtotal (see instructions)		40,371,623	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		40,371,623	40.00
40.01	Sequestration adjustment (see instructions)		807,432	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		39,407,288	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		156,903	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0258 Component CCN: 14-S258	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/27/2019 8:37 am
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		454	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,158	2.00
3.00	OPPS payments		5,424	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)		454	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		2,244	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)		2,244	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)		2,244	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,790	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)		454	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)		5,424	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)		855	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)		5,023	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)		5,023	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		5,023	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)		5,023	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		5,023	40.00
40.01	Sequestration adjustment (see instructions)		100	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		4,927	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-4	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0258 Component CCN: 14-T258	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/27/2019 8:37 am
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		708	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,317	2.00
3.00	OPPS payments		6,652	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)		708	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		3,497	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)		3,497	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)		3,497	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,789	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)		708	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)		6,652	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)		911	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)		6,449	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)		6,449	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		6,449	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)		6,449	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		6,449	40.00
40.01	Sequestration adjustment (see instructions)		129	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		6,327	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-7	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/27/2019 8:37 am

		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		77,689,852		38,945,884	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		660,476		461,404	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)		78,350,328		39,407,288	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		258,230		156,903	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		78,608,558		39,564,191	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: 14-0258
 Component CCN: 14-S258

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 11/27/2019 8:37 am

		Title XVIII		Subprovider - IPF		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,886,052		4,927	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)		3,886,052		4,927	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		55,533		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		4	6.02
7.00	Total Medicare program liability (see instructions)		3,941,585		4,923	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: 14-0258
 Component CCN: 14-T258

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 11/27/2019 8:37 am

		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					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		21,430,740		6,327	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)		97,576		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		21,528,316		6,327	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		284,092		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		7	6.02
7.00	Total Medicare program liability (see instructions)		21,812,408		6,320	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: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part II
Date/Time Prepared:
11/27/2019 8:37 am

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: 14-0258 Component CCN: 14-S258	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part II Date/Time Prepared: 11/27/2019 8:37 am
		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)		4,200,553	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see 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)		15.265753	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		4,200,553	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)		4,200,553	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		4,200,553	18.00
19.00	Deductibles		228,140	19.00
20.00	Subtotal (line 18 minus line 19)		3,972,413	20.00
21.00	Coinsurance		7,053	21.00
22.00	Subtotal (line 20 minus line 21)		3,965,360	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		46,225	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		30,046	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		41,225	25.00
26.00	Subtotal (sum of lines 22 and 24)		3,995,406	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		26,620	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)		4,022,026	31.00
31.01	Sequestration adjustment (see instructions)		80,441	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		3,886,052	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)		55,533	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0258 Component CCN: 14-T258	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part III Date/Time Prepared: 11/27/2019 8:37 am
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)	20,258,361 1.00		
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0165 2.00		
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	709,043 3.00		
4.00	Outlier Payments	1,497,639 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)	58.331507 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)	22,465,043 13.00		
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0 14.00		
15.00	Organ acquisition (DO NOT USE THIS LINE)	0 15.00		
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0 16.00		
17.00	Subtotal (see instructions)	22,465,043 17.00		
18.00	Primary payer payments	0 18.00		
19.00	Subtotal (line 17 less line 18).	22,465,043 19.00		
20.00	Deductibles	72,864 20.00		
21.00	Subtotal (line 19 minus line 20)	22,392,179 21.00		
22.00	Coinsurance	251,506 22.00		
23.00	Subtotal (line 21 minus line 22)	22,140,673 23.00		
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	43,284 24.00		
25.00	Adjusted reimbursable bad debts (see instructions)	28,135 25.00		
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	33,284 26.00		
27.00	Subtotal (sum of lines 23 and 25)	22,168,808 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)	88,751 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)	22,257,559 32.00		
32.01	Sequestration adjustment (see instructions)	445,151 32.01		
32.02	Demonstration payment adjustment amount after sequestration	0 32.02		
33.00	Interim payments	21,528,316 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)	284,092 35.00		
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0 36.00		
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	1,497,639 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		

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

Provider CCN: 14-0258

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

Worksheet G

Date/Time Prepared:
11/27/2019 8:37 am

		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	-1,343,432	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	246,837,005	0	0	0	4.00
5.00	Other receivable	54,163,940	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-170,791,558	0	0	0	6.00
7.00	Inventory	9,312,542	0	0	0	7.00
8.00	Prepaid expenses	139,101	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	138,317,598	0	0	0	11.00
FIXED ASSETS						
12.00	Land	10,100,000	0	0	0	12.00
13.00	Land improvements	1,485,096	0	0	0	13.00
14.00	Accumulated depreciation	-639,391	0	0	0	14.00
15.00	Buildings	205,830,060	0	0	0	15.00
16.00	Accumulated depreciation	-57,821,795	0	0	0	16.00
17.00	Leasehold improvements	2,118,583	0	0	0	17.00
18.00	Accumulated depreciation	-973,061	0	0	0	18.00
19.00	Fixed equipment	2,332,917	0	0	0	19.00
20.00	Accumulated depreciation	-1,197,661	0	0	0	20.00
21.00	Automobiles and trucks	304,320	0	0	0	21.00
22.00	Accumulated depreciation	-258,642	0	0	0	22.00
23.00	Major movable equipment	80,523,380	0	0	0	23.00
24.00	Accumulated depreciation	-55,426,335	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	505,592	0	0	0	27.00
28.00	Accumulated depreciation	-79,522	0	0	0	28.00
29.00	Minor equipment-nondepreciable	3,867,839	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	190,671,380	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	744,279	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	744,279	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	329,733,257	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	10,004,922	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,985,217	0	0	0	38.00
39.00	Payroll taxes payable	2,064,784	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	112,366,004	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	136,420,927	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,416,284	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,416,284	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	138,837,211	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	190,896,046	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	190,896,046	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	329,733,257	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0258

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

Worksheet G-1

Date/Time Prepared:
11/27/2019 8:37 am

		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		223,232,182		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		10,911,341				2.00
3.00	Total (sum of line 1 and line 2)		234,143,523		0		3.00
4.00	TRANSFER FROM AFFILIATES	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)		234,143,523		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TRANSFER TO AFFILIATES	43,247,482		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)		43,247,482		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		190,896,041		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	TRANSFER FROM AFFILIATES		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	TRANSFER TO AFFILIATES		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: 14-0258

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/27/2019 8:37 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	172,445,126		172,445,126	1.00
2.00	SUBPROVIDER - IPF	13,434,687		13,434,687	2.00
3.00	SUBPROVIDER - IRF	51,112,319		51,112,319	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	236,992,132		236,992,132	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	47,422,040		47,422,040	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	47,422,040		47,422,040	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	284,414,172		284,414,172	17.00
18.00	Ancillary services	852,441,256	0	852,441,256	18.00
19.00	Outpatient services	0	1,106,621,275	1,106,621,275	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		10,833,509	10,833,509	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	10,043,119	10,043,119	26.00
27.00	PHYSICIAN	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,136,855,428	1,127,497,903	2,264,353,331	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		480,797,585		29.00
30.00	ADD (SPECIFY)	0			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)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		480,797,585		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0258

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

Worksheet G-3

Date/Time Prepared:
11/27/2019 8:37 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,264,353,331	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,790,317,057	2.00
3.00	Net patient revenues (line 1 minus line 2)	474,036,274	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	480,797,585	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-6,761,311	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	39,643	6.00
7.00	Income from investments	498,773	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	1,493,197	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	460,911	20.00
21.00	Rental of vending machines	91,744	21.00
22.00	Rental of hospital space	1,416,108	22.00
23.00	Governmental appropriations	0	23.00
24.00	CAPITATION	1,225,904	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTIO	159,069	24.01
24.02	REFERENCE LAB	916,498	24.02
24.03	ACO	1,576,606	24.03
24.04	OTHER INCOME	0	24.04
24.05	INTERCOMPANY LAB	3,688,498	24.05
24.06	INTERCOMPANY RENT	662,422	24.06
24.07	MEDICAL STAFF DUES	61,000	24.07
24.08	UNCLAIMED PROPERTY EXEMPTIONS	345,700	24.08
24.09	OTHER (SPECIFY)	0	24.09
24.10	OTHER (SPECIFY)	0	24.10
24.11	OUTPATIENT PHARMACY	4,429,622	24.11
24.12	MISC INCOME	135,215	24.12
24.13	OTHER (SPECIFY)	0	24.13
24.14	ANSWERING SERVICE	519,664	24.14
24.15	OTHER (SPECIFY)	0	24.15
25.00	Total other income (sum of lines 6-24)	17,720,574	25.00
26.00	Total (line 5 plus line 25)	10,959,263	26.00
27.00	NON RECURRING EXPENSES	47,922	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	47,922	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	10,911,341	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0258

Period:

Worksheet H

HHA CCN: 14-7583

From 07/01/2018

Date/Time Prepared:

To 06/30/2019

11/27/2019 8:37 am

Home Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00 Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00 Capital Related - Movable Equipment			0		0	0	2.00
3.00 Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00 Transportation	0	0	0	0	0	0	4.00
5.00 Administrative and General	1,375,086	99,075	169,435	230,910	47,946	1,922,452	5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	2,055,632	148,108	0	0	0	2,203,740	6.00
7.00 Physical Therapy	1,698,407	122,370	0	0	0	1,820,777	7.00
8.00 Occupational Therapy	608,412	43,836	0	0	0	652,248	8.00
9.00 Speech Pathology	75,486	5,439	0	0	0	80,925	9.00
10.00 Medical Social Services	22,753	1,639	0	0	0	24,392	10.00
11.00 Home Health Aide	112,375	8,097	0	0	0	120,472	11.00
12.00 Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00 Drugs	0	0	0	0	0	0	13.00
14.00 DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00 Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00 Respiratory Therapy	0	0	0	0	0	0	16.00
17.00 Private Duty Nursing	0	0	0	0	0	0	17.00
18.00 Clinic	0	0	0	0	0	0	18.00
19.00 Health Promotion Activities	0	0	0	0	0	0	19.00
20.00 Day Care Program	0	0	0	0	0	0	20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00 Homemaker Service	0	0	0	0	0	0	22.00
23.00 All Others (specify)	0	0	0	0	0	0	23.00
23.50 Telemedicine	0	0	0	0	0	0	23.50
24.00 Total (sum of lines 1-23)	5,948,151	428,564	169,435	230,910	47,946	6,825,006	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00 Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00 Capital Related - Movable Equipment	0	0	0	0			2.00
3.00 Plant Operation & Maintenance	0	0	0	0			3.00
4.00 Transportation	0	0	0	0			4.00
5.00 Administrative and General	0	1,922,452	0	1,922,452			5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	0	2,203,740	0	2,203,740			6.00
7.00 Physical Therapy	0	1,820,777	0	1,820,777			7.00
8.00 Occupational Therapy	0	652,248	0	652,248			8.00
9.00 Speech Pathology	0	80,925	0	80,925			9.00
10.00 Medical Social Services	0	24,392	0	24,392			10.00
11.00 Home Health Aide	0	120,472	0	120,472			11.00
12.00 Supplies (see instructions)	0	0	0	0			12.00
13.00 Drugs	0	0	0	0			13.00
14.00 DME	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00 Home Dialysis Aide Services	0	0	0	0			15.00
16.00 Respiratory Therapy	0	0	0	0			16.00
17.00 Private Duty Nursing	0	0	0	0			17.00
18.00 Clinic	0	0	0	0			18.00
19.00 Health Promotion Activities	0	0	0	0			19.00
20.00 Day Care Program	0	0	0	0			20.00
21.00 Home Delivered Meals Program	0	0	0	0			21.00
22.00 Homemaker Service	0	0	0	0			22.00
23.00 All Others (specify)	0	0	0	0			23.00
23.50 Telemedicine	0	0	0	0			23.50
24.00 Total (sum of lines 1-23)	0	6,825,006	0	6,825,006			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: 14-0258

Period:

Worksheet H-1

HHA CCN: 14-7583

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/27/2019 8:37 amHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	1,922,452	0	0	0	0	1,922,452	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,203,740	0	0	0	0	2,203,740	6.00
7.00	Physical Therapy	1,820,777	0	0	0	0	1,820,777	7.00
8.00	Occupational Therapy	652,248	0	0	0	0	652,248	8.00
9.00	Speech Pathology	80,925	0	0	0	0	80,925	9.00
10.00	Medical Social Services	24,392	0	0	0	0	24,392	10.00
11.00	Home Health Aide	120,472	0	0	0	0	120,472	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	6,825,006	0	0	0	0	6,825,006	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	1,922,452						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	864,158	3,067,898					6.00
7.00	Physical Therapy	713,987	2,534,764					7.00
8.00	Occupational Therapy	255,768	908,016					8.00
9.00	Speech Pathology	31,733	112,658					9.00
10.00	Medical Social Services	9,565	33,957					10.00
11.00	Home Health Aide	47,241	167,713					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		6,825,006					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0258

Period:

Worksheet H-1

HHA CCN: 14-7583

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/27/2019 8:37 amHome Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Agency 1 Reconciliation	Administrative & General (ACCUM. COST)		
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
		1.00	2.00	3.00	4.00	5A.00	5.00		
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00	
2.00	Capital Related - Movable Equipment		0			0		2.00	
3.00	Plant Operation & Maintenance	0	0	0		0		3.00	
4.00	Transportation (see instructions)	0	0	0	0			4.00	
5.00	Administrative and General	0	0	0	0	-1,922,452	4,902,554	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	2,203,740	6.00	
7.00	Physical Therapy	0	0	0	0	0	1,820,777	7.00	
8.00	Occupational Therapy	0	0	0	0	0	652,248	8.00	
9.00	Speech Pathology	0	0	0	0	0	80,925	9.00	
10.00	Medical Social Services	0	0	0	0	0	24,392	10.00	
11.00	Home Health Aide	0	0	0	0	0	120,472	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0		0	0	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,922,452	4,902,554	24.00	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,922,452	25.00	
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.392133	26.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0258

Period:

Worksheet H-2

HHA CCN: 14-7583

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/27/2019 8:37 amHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	5.01	5.02	
1.00	Administrative and General	0	0	0	225,128	46,043	0	1.00
2.00	Skilled Nursing Care	3,067,898	0	0	336,546	0	0	2.00
3.00	Physical Therapy	2,534,764	0	0	278,061	0	0	3.00
4.00	Occupational Therapy	908,016	0	0	99,609	0	0	4.00
5.00	Speech Pathology	112,658	0	0	12,358	0	0	5.00
6.00	Medical Social Services	33,957	0	0	3,725	0	0	6.00
7.00	Home Health Aide	167,713	0	0	18,398	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)	6,825,006	0	0	973,825	46,043	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		PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.03	5.04	5.05	5A.05	5.06	6.00	
1.00	Administrative and General	0	7,345	136,112	414,628	60,075	0	1.00
2.00	Skilled Nursing Care	0	0	0	3,404,444	493,269	0	2.00
3.00	Physical Therapy	0	0	0	2,812,825	407,550	0	3.00
4.00	Occupational Therapy	0	0	0	1,007,625	145,995	0	4.00
5.00	Speech Pathology	0	0	0	125,016	18,114	0	5.00
6.00	Medical Social Services	0	0	0	37,682	5,460	0	6.00
7.00	Home Health Aide	0	0	0	186,111	26,966	0	7.00
8.00	Supplies (see instructions)	295	0	0	295	43	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)	295	7,345	136,112	7,988,626	1,157,472	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0258

Period:

Worksheet H-2

HHA CCN: 14-7583

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/27/2019 8:37 amHome Health
Agency I

PPS

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

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0258

Period:

Worksheet H-2

HHA CCN: 14-7583

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/27/2019 8:37 amHome 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	474,703	0	474,703				1.00
2.00	Skilled Nursing Care	3,897,713	0	3,897,713	213,371	4,111,084		2.00
3.00	Physical Therapy	3,220,375	0	3,220,375	176,296	3,396,671		3.00
4.00	Occupational Therapy	1,153,620	0	1,153,620	63,154	1,216,774		4.00
5.00	Speech Pathology	143,130	0	143,130	7,836	150,966		5.00
6.00	Medical Social Services	43,142	0	43,142	2,362	45,504		6.00
7.00	Home Health Aide	213,077	0	213,077	11,665	224,742		7.00
8.00	Supplies (see instructions)	338	0	338	19	357		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	9,146,098	0	9,146,098	474,703	9,146,098		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.				0.054744			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: 14-0258

Period:

Worksheet H-2

HHA CCN: 14-7583

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/27/2019 8:37 amHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	DATA PROCESSING (DATA PROCESSING)	PURCHASING RECEIVING AND STORES (PURCHASING)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPREC EXPENSE)					
		1.00	2.00	4.00	5.01	5.02	5.03	
1.00	Administrative and General	0	0	1,375,086	98	0	0	1.00
2.00	Skilled Nursing Care	0	0	2,055,632	0	0	0	2.00
3.00	Physical Therapy	0	0	1,698,407	0	0	0	3.00
4.00	Occupational Therapy	0	0	608,412	0	0	0	4.00
5.00	Speech Pathology	0	0	75,486	0	0	0	5.00
6.00	Medical Social Services	0	0	22,753	0	0	0	6.00
7.00	Home Health Aide	0	0	112,375	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	20,227	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	5,948,151	98	0	20,227	20.00
21.00	Total cost to be allocated	0	0	973,825	46,043	0	295	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.163719	469.826531	0.000000	0.014584	22.00
Cost Center Description		ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	6.00	7.00	
1.00	Administrative and General	10,833,509	10,833,509	0	414,628	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	3,404,444	0	0	2.00
3.00	Physical Therapy	0	0	0	2,812,825	0	0	3.00
4.00	Occupational Therapy	0	0	0	1,007,625	0	0	4.00
5.00	Speech Pathology	0	0	0	125,016	0	0	5.00
6.00	Medical Social Services	0	0	0	37,682	0	0	6.00
7.00	Home Health Aide	0	0	0	186,111	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	295	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)	10,833,509	10,833,509		7,988,626	0	0	20.00
21.00	Total cost to be allocated	7,345	136,112		1,157,472	0	0	21.00
22.00	Unit cost multiplier	0.000678	0.012564		0.144890	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0258

Period:

Worksheet H-2

HHA CCN: 14-7583

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/27/2019 8:37 amHome Health
Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL PATIENT DAYS)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED ED PRGM (TOTAL PATIENT DAYS)		
		15.00	16.00	17.00	19.00	23.00		
1.00	Administrative and General	0	0	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0		20.00
21.00	Total cost to be allocated	0	0	0	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0258

Period:

Worksheet H-3

HHA CCN: 14-7583

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/27/2019 8:37 am

				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	4,111,084		4,111,084	21,598	190.35	1.00
2.00	Physical Therapy	3.00	3,396,671	0	3,396,671	17,853	190.26	2.00
3.00	Occupational Therapy	4.00	1,216,774	0	1,216,774	7,321	166.20	3.00
4.00	Speech Pathology	5.00	150,966	0	150,966	807	187.07	4.00
5.00	Medical Social Services	6.00	45,504		45,504	271	167.91	5.00
6.00	Home Health Aide	7.00	224,742		224,742	3,407	65.96	6.00
7.00	Total (sum of lines 1-6)		9,145,741	0	9,145,741	51,257		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits			
					Part B			
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		16974	0	14,807			8.00
8.01	Skilled Nursing Care		20994	0	0			8.01
8.02	Skilled Nursing Care		29404	0	0			8.02
9.00	Physical Therapy		16974	0	11,590			9.00
9.01	Physical Therapy		20994	0	0			9.01
9.02	Physical Therapy		29404	0	0			9.02
10.00	Occupational Therapy		16974	0	5,110			10.00
10.01	Occupational Therapy		20994	0	0			10.01
10.02	Occupational Therapy		29404	0	0			10.02
11.00	Speech Pathology		16974	0	524			11.00
11.01	Speech Pathology		20994	0	0			11.01
11.02	Speech Pathology		29404	0	0			11.02
12.00	Medical Social Services		16974	0	187			12.00
12.01	Medical Social Services		20994	0	0			12.01
12.02	Medical Social Services		29404	0	0			12.02
13.00	Home Health Aide		16974	0	2,705			13.00
13.01	Home Health Aide		20994	0	0			13.01
13.02	Home Health Aide		29404	0	0			13.02
14.00	Total (sum of lines 8-13)			0	34,923			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	357	0	357	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Cost Center Description		Program Visits			Cost of Services			
		Part A	Part B		Part A	Part B	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance				
		6.00	7.00	8.00	9.00	10.00	11.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	14,807		0	2,818,512		1.00
2.00	Physical Therapy	0	11,590		0	2,205,113		2.00
3.00	Occupational Therapy	0	5,110		0	849,282		3.00
4.00	Speech Pathology	0	524		0	98,025		4.00
5.00	Medical Social Services	0	187		0	31,399		5.00
6.00	Home Health Aide	0	2,705		0	178,422		6.00
7.00	Total (sum of lines 1-6)	0	34,923		0	6,180,753		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0258

Period:

Worksheet H-3

HHA CCN: 14-7583

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/27/2019 8:37 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description						Agency 1			
		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
9.00	Physical Therapy								9.00
9.01	Physical Therapy								9.01
9.02	Physical Therapy								9.02
10.00	Occupational Therapy								10.00
10.01	Occupational Therapy								10.01
10.02	Occupational Therapy								10.02
11.00	Speech Pathology								11.00
11.01	Speech Pathology								11.01
11.02	Speech Pathology								11.02
12.00	Medical Social Services								12.00
12.01	Medical Social Services								12.01
12.02	Medical Social Services								12.02
13.00	Home Health Aide								13.00
13.01	Home Health Aide								13.01
13.02	Home Health Aide								13.02
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	11.00	
	Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	279,726	0	0	0	0		15.00
16.00	Cost of Drugs		0	0		0	0		16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)							
		12.00							
		PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
		Cost Per Visit Computation							
1.00	Skilled Nursing Care	2,818,512							1.00
2.00	Physical Therapy	2,205,113							2.00
3.00	Occupational Therapy	849,282							3.00
4.00	Speech Pathology	98,025							4.00
5.00	Medical Social Services	31,399							5.00
6.00	Home Health Aide	178,422							6.00
7.00	Total (sum of lines 1-6)	6,180,753							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
9.00	Physical Therapy								9.00
9.01	Physical Therapy								9.01
9.02	Physical Therapy								9.02
10.00	Occupational Therapy								10.00
10.01	Occupational Therapy								10.01
10.02	Occupational Therapy								10.02
11.00	Speech Pathology								11.00
11.01	Speech Pathology								11.01
11.02	Speech Pathology								11.02
12.00	Medical Social Services								12.00
12.01	Medical Social Services								12.01
12.02	Medical Social Services								12.02
13.00	Home Health Aide								13.00
13.01	Home Health Aide								13.01
13.02	Home Health Aide								13.02
14.00	Total (sum of lines 8-13)								14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0258

Period:

Worksheet H-3

HHA CCN: 14-7583

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/27/2019 8:37 am

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	0.157884	0	0	0col. 2, line 2.00		1.00
1.01 Physical Therapy 1	66.01	0.258356	0	0	0col. 2, line 2.01		1.01
1.02 Physical Therapy 2	66.02	0.195606	0	0	0col. 2, line 2.02		1.02
2.00 Occupational Therapy	67.00	0.000000	0	0	0col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.000000	0	0	0col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.259179	0	0	0col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.202446	0	0	0col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0258 HHA CCN: 14-7583		Period: From 07/01/2018 To 06/30/2019		Worksheet H-4 Part I-II Date/Time Prepared: 11/27/2019 8:37 am	
		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	0	0	1.00
2.00	Total charges	0	0	0	0	0	2.00
Customary Charges							
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	0	0	9.00
				Part A Services		Part B Services	
				1.00		2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT							
10.00	Total reasonable cost (see instructions)		0		0		10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0		7,076,886		11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0		106,594		12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0		146,678		13.00
14.00	Total PPS Reimbursement - PEP Episodes		0		100,347		14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0		10,637		15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0		0		16.00
17.00	Total Other Payments		0		0		17.00
18.00	DME Payments		0		0		18.00
19.00	Oxygen Payments		0		0		19.00
20.00	Prosthetic and Orthotic Payments		0		0		20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0		0		21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0		7,441,142		22.00
23.00	Excess reasonable cost (from line 8)		0		0		23.00
24.00	Subtotal (line 22 minus line 23)		0		7,441,142		24.00
25.00	Coinsurance billed to program patients (from your records)				9,258		25.00
26.00	Net cost (line 24 minus line 25)		0		7,431,884		26.00
27.00	Reimbursable bad debts (from your records)						27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)						28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0		7,431,884		29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		0		30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0		0		30.50
30.99	Demonstration payment adjustment amount before sequestration		0		0		30.99
31.00	Subtotal (see instructions)		0		7,431,884		31.00
31.01	Sequestration adjustment (see instructions)		0		148,638		31.01
31.02	Demonstration payment adjustment amount after sequestration		0		0		31.02
32.00	Interim payments (see instructions)		0		7,283,246		32.00
33.00	Tentative settlement (for contractor use only)		0		0		33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0		0		34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0		0		35.00

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

Provider CCN: 14-0258

Period:

Worksheet H-5

HHA CCN: 14-7583

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

Date/Time Prepared:

11/27/2019 8:37 am

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		7,283,246	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		7,283,246	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		7,283,246	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0258

Period:

Worksheet 0

Hospice CCN: 14-1632

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/27/2019 8:37 am

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		243,264	243,264	0	243,264	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	314,915	314,915	0	314,915	3.00
4.00	ADMINISTRATIVE & GENERAL*	262,629	120,199	382,828	0	382,828	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	85,817	85,817	0	85,817	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	49,862	49,862	0	49,862	6.00
7.00	HOUSEKEEPING*	0	121,620	121,620	0	121,620	7.00
8.00	DIETARY*	0	13,082	13,082	0	13,082	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	54,527	54,527	0	54,527	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0	13.00
14.00	PHARMACY*	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	117,029	667,961	784,990	0	784,990	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	2,622,788	0	2,622,788	0	2,622,788	28.00
29.00	LPN/LVN**	61,616	0	61,616	0	61,616	29.00
30.00	PHYSICAL THERAPY**	1,434	0	1,434	0	1,434	30.00
31.00	OCCUPATIONAL THERAPY**	80	0	80	0	80	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	216,415	0	216,415	0	216,415	33.00
34.00	SPIRITUAL COUNSELING**	239,391	0	239,391	0	239,391	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	44,637	0	44,637	0	44,637	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	629,818	0	629,818	0	629,818	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	51,355	51,355	0	51,355	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	328,584	328,584	-117,231	211,353	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	120,089	120,089	0	120,089	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	597,013	597,013	0	597,013	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	78,413	0	78,413	0	78,413	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	192,621	22,725	215,346	0	215,346	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	4,466,871	2,791,013	7,257,884	-117,231	7,140,653	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0258

Period:

Worksheet 0

Hospice CCN: 14-1632

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/27/2019 8:37 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I	
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT*	0	243,264		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	314,915		3.00
4.00	ADMINISTRATIVE & GENERAL*	0	382,828		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	85,817		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	49,862		6.00
7.00	HOUSEKEEPING*	0	121,620		7.00
8.00	DIETARY*	0	13,082		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	54,527		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0		13.00
14.00	PHARMACY*	0	0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	784,990		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED**	0	0		25.00
26.00	PHYSICIAN SERVICES**	0	0		26.00
27.00	NURSE PRACTITIONER**	0	0		27.00
28.00	REGISTERED NURSE**	0	2,622,788		28.00
29.00	LPN/LVN**	0	61,616		29.00
30.00	PHYSICAL THERAPY**	0	1,434		30.00
31.00	OCCUPATIONAL THERAPY**	0	80		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	216,415		33.00
34.00	SPIRITUAL COUNSELING**	0	239,391		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	44,637		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	629,818		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0		38.00
39.00	PATIENT TRANSPORTATION**	0	51,355		39.00
40.00	IMAGING SERVICES**	0	0		40.00
41.00	LABS & DIAGNOSTICS**	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	211,353		42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	120,089		42.50
43.00	OUTPATIENT SERVICES**	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	597,013		46.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM *	0	78,413		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	215,346		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	0	7,140,653		100.00

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

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

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

Provider CCN: 14-0258

Period:

Worksheet 0-2

Hospice CCN: 14-1632

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/27/2019 8:37 am

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,404,887	0	1,404,887	0	1,404,887	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	1,434	0	1,434	0	1,434	30.00
31.00	OCCUPATIONAL THERAPY	80	0	80	0	80	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	186,694	0	186,694	0	186,694	33.00
34.00	SPIRITUAL COUNSELING	156,352	0	156,352	0	156,352	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	44,637	0	44,637	0	44,637	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	95,103	0	95,103	0	95,103	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	19,827	19,827	0	19,827	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	285,202	285,202	-117,231	167,971	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	119,438	119,438	0	119,438	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	586,987	586,987	0	586,987	46.00
100.00	TOTAL *	1,889,187	1,011,454	2,900,641	-117,231	2,783,410	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,404,887	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	1,434	30.00
31.00	OCCUPATIONAL THERAPY	0	80	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	186,694	33.00
34.00	SPIRITUAL COUNSELING	0	156,352	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	44,637	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	95,103	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	19,827	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	167,971	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	119,438	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	586,987	46.00
100.00	TOTAL *	0	2,783,410	100.00

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

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

Provider CCN: 14-0258

Period:

Worksheet 0-3

Hospice CCN: 14-1632

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/27/2019 8:37 am

				Hospice I		11/27/2018 01:07:40 am	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	113,696	0	113,696	0	113,696	28.00
29.00	LPN/LVN	5,752	0	5,752	0	5,752	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	2,775	0	2,775	0	2,775	33.00
34.00	SPIRITUAL COUNSELING	7,752	0	7,752	0	7,752	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	49,918	0	49,918	0	49,918	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	3,153	3,153	0	3,153	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	4,338	4,338	0	4,338	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	1,003	1,003	0	1,003	46.00
100.00	TOTAL *	179,893	8,494	188,387	0	188,387	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	113,696	28.00
29.00	LPN/LVN	0	5,752	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	2,775	33.00
34.00	SPIRITUAL COUNSELING	0	7,752	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	49,918	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	3,153	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	4,338	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	1,003	46.00
100.00	TOTAL *	0	188,387	100.00

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

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

Provider CCN: 14-0258

Period:

Worksheet 0-4

Hospice CCN: 14-1632

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/27/2019 8:37 am

				Hospice I		11/27/2018 01:41 am	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,104,205	0	1,104,205	0	1,104,205	28.00
29.00	LPN/LVN	55,864	0	55,864	0	55,864	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	26,946	0	26,946	0	26,946	33.00
34.00	SPIRITUAL COUNSELING	75,287	0	75,287	0	75,287	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	484,797	0	484,797	0	484,797	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	28,375	28,375	0	28,375	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	39,044	39,044	0	39,044	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	651	651	0	651	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	9,023	9,023	0	9,023	46.00
100.00	TOTAL *	1,747,099	77,093	1,824,192	0	1,824,192	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,104,205	28.00
29.00	LPN/LVN	0	55,864	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	26,946	33.00
34.00	SPIRITUAL COUNSELING	0	75,287	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	484,797	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	28,375	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	39,044	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	651	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	9,023	46.00
100.00	TOTAL *	0	1,824,192	100.00

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

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

Provider CCN: 14-0258

Period:

Worksheet 0-5

Hospice CCN: 14-1632

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/27/2019 8:37 am

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	243,264	0	243,264	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	126,546	126,546	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	314,915	731,312	1,046,227	3.00
4.00	ADMINISTRATIVE & GENERAL	382,828	1,315,945	1,698,773	4.00
5.00	PLANT OPERATION & MAINTENANCE	85,817	0	85,817	5.00
6.00	LAUNDRY & LINEN SERVICE	49,862	0	49,862	6.00
7.00	HOUSEKEEPING	121,620	0	121,620	7.00
8.00	DIETARY	13,082	0	13,082	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	54,527	0	54,527	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	784,990	0	784,990	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	2,783,410	0	2,783,410	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	188,387	0	188,387	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,824,192	0	1,824,192	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	78,413	0	78,413	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	215,346	0	215,346	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	7,140,653	2,173,803	9,314,456	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

From 07/01/2018
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Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	243,264	243,264					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	126,546		126,546				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	1,046,227	0	0	1,046,227			3.00
4.00	ADMINISTRATIVE & GENERAL	1,698,773	0	0	158,909	1,857,682		4.00
5.00	PLANT OPERATION & MAINTENANCE	85,817	0	0	0	85,817		5.00
6.00	LAUNDRY & LINEN SERVICE	49,862	0	0	0	49,862		6.00
7.00	HOUSEKEEPING	121,620	0	0	0	121,620		7.00
8.00	DIETARY	13,082	0	0	0	13,082		8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0		10.00
11.00	MEDICAL RECORDS	0	0	0	0	0		11.00
12.00	STAFF TRANSPORTATION	54,527	0	0	0	54,527		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	3,714	3,714		13.00
14.00	PHARMACY	0	0	0	0	0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	784,990	0	0	0	784,990		15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	2,783,410			772,809	3,556,219		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	188,387	24,132	0	8,724	221,243		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,824,192	219,132	126,546	102,071	2,271,941		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	78,413	0	0	0	78,413		60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0		61.00
62.00	FUNDRAISING	0	0	0	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM	215,346	0	0	0	215,346		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0		66.00
67.00	ADVERTISING	0	0	0	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0		68.00
69.00	THRIFT STORE	0	0	0	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0		71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0		99.00
100.00	TOTAL	9,314,456	243,264	126,546	1,046,227	9,314,456		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

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Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	1,857,682						4.00
5.00	PLANT OPERATION & MAINTENANCE	21,379	107,196					5.00
6.00	LAUNDRY & LINEN SERVICE	12,422	0	62,284				6.00
7.00	HOUSEKEEPING	30,299	0			151,919		7.00
8.00	DIETARY	3,259	0			0	16,341	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0			0		10.00
11.00	MEDICAL RECORDS	0	0			0		11.00
12.00	STAFF TRANSPORTATION	13,584	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	925	0			0		13.00
14.00	PHARMACY	0	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	195,562	0			0		15.00
16.00	OTHER GENERAL SERVICE	0	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	885,948						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	55,118	10,634	5,894	15,070	1,546		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	566,002	96,562	56,390	136,849	14,795		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	19,535	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	53,649	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0	0		0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0		0	0	99.00
100.00	TOTAL	1,857,682	107,196	62,284	151,919	16,341		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0258

Period:

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Hospice CCN: 14-1632

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Descriptions		Hospice I					
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			68,111		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	4,639	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0	68,111	4,159	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	45	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	435	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	0	0	68,111	4,639	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0258

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Hospice CCN: 14-1632

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Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	0					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	980,552				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	879,083	0		5,393,520	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	9,603	0	0	319,153	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	91,866	0	0	3,234,840	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		97,948	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		268,995	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	980,552	0	0	9,314,456	100.00

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

Provider CCN: 14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

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Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	124,124					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		11,313				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	4,073,133			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	618,659	-1,857,682	7,456,774	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	85,817	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	49,862	6.00
7.00	HOUSEKEEPING	0	0	0	0	121,620	7.00
8.00	DIETARY	0	0	0	0	13,082	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	54,527	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	14,459	0	3,714	13.00
14.00	PHARMACY	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	784,990	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			3,008,676	0	3,556,219	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	12,313	0	33,962	0	221,243	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	111,811	11,313	397,377	0	2,271,941	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	78,413	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	215,346	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	243,264	126,546	1,046,227		1,857,682	100.00
101.00	UNIT COST MULTIPLIER	1.959847	11.185892	0.256861		0.249127	101.00

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

Provider CCN: 14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

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Cost Center Descriptions		Hospice I				
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)
		5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE	124,124				5.00
6.00	LAUNDRY & LINEN SERVICE	0	3,487			6.00
7.00	HOUSEKEEPING	0		124,124		7.00
8.00	DIETARY	0		0	3,487	8.00
9.00	NURSING ADMINISTRATION	0		0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		10.00
11.00	MEDICAL RECORDS	0		0		11.00
12.00	STAFF TRANSPORTATION	0		0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		13.00
14.00	PHARMACY	0		0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		15.00
16.00	OTHER GENERAL SERVICE	0		0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE					0 50.00
51.00	HOSPICE ROUTINE HOME CARE					0 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	12,313	330	12,313	330	0 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	111,811	3,157	111,811	3,157	0 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		0 60.00
61.00	VOLUNTEER PROGRAM	0		0		0 61.00
62.00	FUNDRAISING	0		0		0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0 63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0 64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0 65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0 66.00
67.00	ADVERTISING	0		0		0 67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0 68.00
69.00	THRIFT STORE	0		0		0 69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0 71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	107,196	62,284	151,919	16,341	0 100.00
101.00	UNIT COST MULTIPLIER	0.863620	17.861772	1.223929	4.686263	0.000000 101.00

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

Provider CCN: 14-0258

Period:

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Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)		MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL							4.00
5.00	PLANT OPERATION & MAINTENANCE							5.00
6.00	LAUNDRY & LINEN SERVICE							6.00
7.00	HOUSEKEEPING							7.00
8.00	DIETARY							8.00
9.00	NURSING ADMINISTRATION							9.00
10.00	ROUTINE MEDICAL SUPPLIES	33,697						10.00
11.00	MEDICAL RECORDS		0					11.00
12.00	STAFF TRANSPORTATION				30,210			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	33,697		13.00
14.00	PHARMACY				0	0	33,697	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES				0	0	0	15.00
16.00	OTHER GENERAL SERVICE				0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES							17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	30,210	0	0	30,210	30,210	30,210	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	330	0	0	0	330	330	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,157	0	0	0	3,157	3,157	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM				0	0	0	60.00
61.00	VOLUNTEER PROGRAM				0	0	0	61.00
62.00	FUNDRAISING				0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS				0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM				0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES				0	0	0	65.00
66.00	RESIDENTIAL CARE				0	0	0	66.00
67.00	ADVERTISING				0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING				0	0	0	68.00
69.00	THRIFT STORE				0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)				0	0	0	71.00
99.00	NEGATIVE COST CENTER							99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0	68,111	4,639	0	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	2.254585	0.137668	0.000000	101.00

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

Provider CCN: 14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/27/2019 8:37 am

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	33,697				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	30,210	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	330	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,157	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	980,552	0	0		100.00
101.00	UNIT COST MULTIPLIER	29.099089	0.000000	0.000000		101.00

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

Provider CCN: 14-0258

Period:

Worksheet 0-7

Hospice CCN: 14-1632

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

Date/Time Prepared:
11/27/2019 8:37 am

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.157884	0	0	0	1.00
1.01	REHAB OUTPATIENT	66.01	0.258356	0	0	0	1.01
1.02	REHAB MED SURGICAL	66.02	0.195606	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.202446	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.085934	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.259179	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.97	CARDIAC REHABILITATION	76.97	0.558643	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	0	10.98
10.99	LITHOTRIPSY	76.99	0.000000	0	0	0	10.99
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
1.01	REHAB OUTPATIENT	0	0	0	0	0	1.01
1.02	REHAB MED SURGICAL	0	0	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
10.99	LITHOTRIPSY	0	0	0	0	0	10.99
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0258

Period:

Worksheet 0-8

Hospice CCN: 14-1632

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/27/2019 8:37 am

		Hospice I		
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL
		1.00	2.00	3.00
HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0 1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0 2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00 3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0	4.00
5.00	Program cost (line 3 times line 4)	0	0	5.00
HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			5,393,520 6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			30,210 7.00
8.00	Total average cost per diem (line 6 divided by line 7)			178.53 8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	27,054	1,216	9.00
10.00	Program cost (line 8 times line 9)	4,829,951	217,092	10.00
HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			319,153 11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			330 12.00
13.00	Total average cost per diem (line 11 divided by line 12)			967.13 13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	283	19	14.00
15.00	Program cost (line 13 times line 14)	273,698	18,375	15.00
HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			3,234,840 16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			3,157 17.00
18.00	Total average cost per diem (line 16 divided by line 17)			1,024.66 18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	2,493	221	19.00
20.00	Program cost (line 18 times line 19)	2,554,477	226,450	20.00
TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			8,947,513 21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			33,697 22.00
23.00	Average cost per diem (line 21 divided by line 22)			265.53 23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0258	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/27/2019 8:37 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,873,328	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		146,325	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)		193.29	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	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)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.31	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.61	8.00
9.00	Sum of lines 7 and 8		18.92	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.90	10.00
11.00	Disproportionate share adjustment (see instructions)		229,060	11.00
12.00	Total prospective capital payments (see instructions)		6,248,713	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