

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: 15-0004	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 7/16/2020 12:16 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 7/16/2020	Time: 12:16 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN HEALTH HAMMOND (15-0004) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	478,324	34,813	0	0	1.00
2.00	Subprovider - IPF	0	24,817	113		5	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	503,141	34,926	0	5	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: 15-0004		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 7/16/2020 12:16 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 5454 HOHMAN AVENUE			PO Box:				1.00		
2.00	City: HAMMOND			State: IN		Zip Code: 46320		County: LAKE		
		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		FRANCISCAN HEALTH HAMMOND	150004	23844	1	07/01/1966	N	P	O
4.00	Subprovider - IPF		FRANCISCAN ST. MARGARET HLTH HAMMOND	15S004	23844	4	01/01/2002	N	P	P
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA		ST. MARGARET HOME CARE	157145	23844		04/11/1985	N	P	N
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
17.10	Hospital-Based (CORF) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2019	12/31/2019		20.00
21.00	Type of Control (see instructions)						1			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00

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MCRIF32 - 16.1.168.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1	60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	1	60.03	
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1	60.04	
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.05	1	60.05	
60.06	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.06	1	60.06	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).					61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20

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			1.00			
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00		62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00		62.01		
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N		63.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00		0.00	0.000000 64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	0.00		0.00	0.000000 65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00		7.97	0.000000 66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00

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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	
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
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N 0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
						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	Y	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

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				V	XIX		
				1.00	2.00		
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	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N		110.00	
					1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
					1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				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.	2				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	907,957	13,585			118.01	

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		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H014	140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name: FRANCISCAN ALLIANCE, INC	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101
142.00	Street: 1515 DRAGON TRAIL	PO Box:		
143.00	City: MISHAWAKA	State: IN	Zip Code: 46546	
		1.00	2.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	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 1.00	Part B 2.00	Title V 3.00 Title XIX 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
156.00	Subprovider - IPF	N	N	N
157.00	Subprovider - IRF	N	N	N
158.00	SUBPROVIDER			
159.00	SNF	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N
161.00	CMHC		N	N
161.10	CORF		N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0004		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 7/16/2020 12:16 pm	
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00	
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00	
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N		0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0004		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part II Date/Time Prepared: 7/16/2020 12:16 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date	V/I			
		1.00	2.00	3.00			
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type	Date			
		1.00	2.00	3.00			
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/21/2020			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y				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.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y					12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N					13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N					14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N					15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/16/2020	Y	03/16/2020		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
7/16/2020 12:16 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HONG		YANG	41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCISCAN HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	219-407-6568		HONG.YANG@FRANCISCANALLIANCE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0004	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 7/16/2020 12:16 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR - 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: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
7/16/2020 12:16 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	152	55,480	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)		152	55,480	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	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 NEWBORN INTENSIVE CARE UNIT	35.00	8	2,920	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		180	65,700	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	46	16,790		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		226				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: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
7/16/2020 12:16 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,321	2,457	19,810			1.00
2.00	HMO and other (see instructions)	4,726	2,928				2.00
3.00	HMO IPF Subprovider	273	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	8,321	2,457	19,810			7.00
8.00	INTENSIVE CARE UNIT	1,224	286	3,226			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	NEWBORN INTENSIVE CARE UNIT	0	0	470			12.00
13.00	NURSERY		566	924			13.00
14.00	Total (see instructions)	9,545	3,309	24,430	7.97	843.12	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,027	3,856	8,618	0.00	46.35	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	30,446	3,173	46,911	0.00	67.20	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	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)				7.97	956.67	27.00
28.00	Observation Bed Days		739	6,999			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	130	219			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: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
7/16/2020 12:16 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,098	1,452	5,169	1.00
2.00 HMO and other (see instructions)			817	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEWBORN INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,098	1,452	5,169	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	188	811	1,922	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
7/16/2020 12:16 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	81,942,515	0	81,942,515	2,145,910.00	38.19
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)		816,496	0	816,496	16,578.00	49.25
8.00	Home office and/or related organization personnel		10,068,673	0	10,068,673	262,342.00	38.38
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		9,566,892	-51,160	9,515,732	278,733.00	34.14
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,316,266	0	2,316,266	39,091.00	59.25
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		539,031	0	539,031	4,298.00	125.41
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		9,755,090	0	9,755,090	254,149.00	38.38
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		18,389,417	0	18,389,417		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,559,705	0	2,559,705		
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)		3,628,838	0	3,628,838		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
7/16/2020 12:16 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,063,368	0	1,063,368	45,355.00	23.45	26.00
27.00	Administrative & General	5.00	13,346,560	0	13,346,560	405,378.00	32.92	27.00
28.00	Administrative & General under contract (see inst.)		550,299	0	550,299	4,503.00	122.21	28.00
29.00	Maintenance & Repairs	6.00	1,065,759	0	1,065,759	22,107.00	48.21	29.00
30.00	Operation of Plant	7.00	1,174,250	0	1,174,250	36,095.00	32.53	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,507,227	0	1,507,227	110,513.00	13.64	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,088,091	-783,573	304,518	17,482.00	17.42	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	783,573	783,573	44,984.00	17.42	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,999,188	0	3,999,188	97,421.00	41.05	38.00
39.00	Central Services and Supply	14.00	252,236	0	252,236	11,415.00	22.10	39.00
40.00	Pharmacy	15.00	2,656,812	51,160	2,707,972	64,552.00	41.95	40.00
41.00	Medical Records & Medical Records Library	16.00	224,832	0	224,832	7,871.00	28.56	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part III
Date/Time Prepared:
7/16/2020 12:16 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	71,607,645	0	71,607,645	1,871,493.00	38.26	1.00
2.00	Excluded area salaries (see instructions)	9,566,892	-51,160	9,515,732	278,733.00	34.14	2.00
3.00	Subtotal salaries (line 1 minus line 2)	62,040,753	51,160	62,091,913	1,592,760.00	38.98	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,610,387	0	12,610,387	297,538.00	42.38	4.00
5.00	Subtotal wage-related costs (see inst.)	22,018,255	0	22,018,255	0.00	35.46	5.00
6.00	Total (sum of lines 3 thru 5)	96,669,395	51,160	96,720,555	1,890,298.00	51.17	6.00
7.00	Total overhead cost (see instructions)	26,928,622	51,160	26,979,782	867,676.00	31.09	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0004	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part IV Date/Time Prepared: 7/16/2020 12:16 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,178,299	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)		5,736,467	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)		6,998,141	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		1,106,323	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		-42,742	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)		243,366	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,149,581	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		4,838,950	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		12,701	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		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		21,221,086	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part V
Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0004 Component CCN: 15-7145		Period: From 01/01/2019 To 12/31/2019		Worksheet S-4 Date/Time Prepared: 7/16/2020 12:16 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,413.00	0.00	0.00	2,455.00	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		1.00	0.00	1.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			22.83	0.00	22.83	5.00
6.00	Direct Nursing Service			26.50	0.00	26.50	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			11.92	0.00	11.92	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.11	0.00	0.11	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			3.84	0.00	3.84	16.00
17.00	Home Health Aide Supervisor			1.00	0.00	1.00	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		23844					20.01
20.02		33140					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	8,852	3,311	438	259	12,860	21.00
22.00	Skilled Nursing Visit Charges	3,328,467	1,244,936	164,688	97,384	4,835,475	22.00
23.00	Physical Therapy Visits	11,810	1,114	197	317	13,438	23.00
24.00	Physical Therapy Visit Charges	4,606,020	434,460	76,830	123,630	5,240,940	24.00
25.00	Occupational Therapy Visits	247	53	2	7	309	25.00
26.00	Occupational Therapy Visit Charges	96,330	20,670	780	2,730	120,510	26.00
27.00	Speech Pathology Visits	227	68	0	9	304	27.00
28.00	Speech Pathology Visit Charges	88,530	26,520	0	3,510	118,560	28.00
29.00	Medical Social Service Visits	12	11	1	2	26	29.00
30.00	Medical Social Service Visit Charges	5,424	4,972	452	904	11,752	30.00
31.00	Home Health Aide Visits	2,541	907	8	53	3,509	31.00
32.00	Home Health Aide Visit Charges	462,473	165,074	1,456	9,646	638,649	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	23,689	5,464	646	647	30,446	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	8,587,244	1,896,632	244,206	237,804	10,965,886	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,521		243	42	1,806	36.00
37.00	Total Number of Outlier Episodes		174		8	182	37.00
38.00	Total Non-Routine Medical Supply Charges	69,261	41,905	2,166	1,627	114,959	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 15-0004

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

Worksheet S-10

Date/Time Prepared:
7/16/2020 12:16 pm

			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.255207	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		31,625,215	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		24,058,803	5.00
6.00	Medicaid charges		154,463,308	6.00
7.00	Medicaid cost (line 1 times line 6)		39,420,117	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)		0	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)		0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	29,869,784	7,281,172	37,150,956
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	7,622,978	7,281,172	14,904,150
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)	7,622,978	7,281,172	14,904,150
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		11,970,424	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,028,727	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,582,656	27.01
28.00	Non-Medicare bad debt expense (see instructions)		10,387,768	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,204,960	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		18,109,110	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		18,109,110	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0004

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

Worksheet A

Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		7,764,557	7,764,557	-2,276,816	5,487,741	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	4,663,354	4,663,354	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,063,368	17,366,897	18,430,265	-87,885	18,342,380	4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	13,346,560	2,284,344	15,630,904	-6,460,180	9,170,724	5.05
6.00	00600	MAINTENANCE & REPAIRS	1,065,759	3,340,871	4,406,630	0	4,406,630	6.00
7.00	00700	OPERATION OF PLANT	1,174,250	6,627,374	7,801,624	-1,224	7,800,400	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	451,951	451,951	0	451,951	8.00
9.00	00900	HOUSEKEEPING	1,507,227	476,911	1,984,138	-26	1,984,112	9.00
10.00	01000	DIETARY	1,088,091	705,342	1,793,433	-1,291,545	501,888	10.00
11.00	01100	CAFETERIA	0	0	0	1,291,515	1,291,515	11.00
13.00	01300	NURSING ADMINISTRATION	3,999,188	814,457	4,813,645	-526	4,813,119	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	252,236	457,048	709,284	-237,616	471,668	14.00
15.00	01500	PHARMACY	2,656,812	28,902,623	31,559,435	-26,652,179	4,907,256	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	224,832	30,740	255,572	0	255,572	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	52,773	4,882	57,655	565,539	623,194	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1	82,478	13,299	95,777	50,569	146,346	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	66,859	54	66,913	13,782	80,695	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	70,638	1,236	71,874	4,858	76,732	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	599,460	17,590	617,050	-53,455	563,595	23.04
23.05	02305	PARAMED ED PRGM-EMT	16,017	30,052	46,069	-3,685	42,384	23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1	0	0	0	50,569	50,569	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,393,001	3,445,635	20,838,636	-3,125,395	17,713,241	30.00
31.00	03100	INTENSIVE CARE UNIT	2,431,866	479,084	2,910,950	-383,590	2,527,360	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	913,609	581,273	1,494,882	-24,963	1,469,919	35.00
40.00	04000	SUBPROVIDER - IPF	3,047,962	18,964,998	22,012,960	-10,413	22,002,547	40.00
43.00	04300	NURSERY	0	0	0	1,336,736	1,336,736	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	975,955	3,900,766	4,876,721	-2,838,877	2,037,844	50.00
50.01	05001	OPEN HEART SURGERY	0	1,053	1,053	-1,053	0	50.01
50.02	05002	OUTPATIENT SURGERY	879,215	335,244	1,214,459	-282,598	931,861	50.02
51.00	05100	RECOVERY ROOM	345,418	14,106	359,524	-12,500	347,024	51.00
53.00	05300	ANESTHESIOLOGY	58,398	2,783,244	2,841,642	-136,032	2,705,610	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,166,533	94,084	1,260,617	-139,432	1,121,185	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	677,843	609,992	1,287,835	-585,228	702,607	54.01
54.02	05402	ULTRASOUND	428,863	77,392	506,255	-7,752	498,503	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	434,669	393,873	828,542	-108,021	720,521	55.01
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	7,315,842	7,315,842	-101,178	7,214,664	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	404,733	404,733	-404,043	690	63.00
63.01	06301	NUCLEAR MEDICINE	204,953	252,278	457,231	-153,612	303,619	63.01
65.00	06500	RESPIRATORY THERAPY	1,229,550	543,659	1,773,209	-38,162	1,735,047	65.00
66.00	06600	PHYSICAL THERAPY	2,778,629	206,782	2,985,411	-353,230	2,632,181	66.00
67.00	06700	OCCUPATIONAL THERAPY	594,454	21,759	616,213	53,319	669,532	67.00
68.00	06800	SPEECH PATHOLOGY	291,941	29,905	321,846	14,114	335,960	68.00
69.00	06900	ELECTROCARDIOLOGY	409,467	520,090	929,557	-8,229	921,328	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	72,477	10,874	83,351	0	83,351	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,946,087	5,946,087	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,078,158	3,078,158	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	26,980,527	26,980,527	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	8,489	8,489	-8,192	297	76.01
76.02	03140	CARDIOVASCULAR SERVICES	759,156	1,734,296	2,493,452	-1,397,494	1,095,958	76.02
76.03	03957	CARDIAC REHABILITATION	434,167	20,044	454,211	17,549	471,760	76.03
76.04	03190	RADIATION ONCOLOGY	10,634	19	10,653	-6	10,647	76.04
76.05	03951	MRI	149,895	54,391	204,286	-8,667	195,619	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	3,504,432	3,504,432	0	3,504,432	76.07
76.08	03953	WOUND CARE	203,326	119,336	322,662	-100,960	221,702	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	770,901	770,901	76.09
76.10	03955	INFUSION	2,479,382	1,098,818	3,578,200	-352,824	3,225,376	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0	76.11

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 15-0004		Period: From 01/01/2019 To 12/31/2019		Worksheet A Date/Time Prepared: 7/16/2020 12:16 pm	
Cost Center Description					Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
					1.00	2.00	3.00	4.00	5.00	
76.12	03958	ANTICOAGULATION CLINIC			350,351	99,475	449,826	-18,765	431,061	76.12
OUTPATIENT SERVICE COST CENTERS										
88.00	08800	RURAL HEALTH CLINIC			0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	0	0	89.00
90.00	09000	CLINIC			0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC			0	129,478	129,478	-17,913	111,565	90.01
90.02	09002	CARDIOLOGY CLINIC			0	8,667	8,667	0	8,667	90.02
90.03	09003	SPECIALTY CLINIC			45,448	8,216	53,664	-1,638	52,026	90.03
91.00	09100	EMERGENCY			10,225,327	2,987,652	13,212,979	-711,735	12,501,244	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART								92.00
OTHER REIMBURSABLE COST CENTERS										
99.00	09900	CMHC			0	0	0	0	0	99.00
99.10	09910	CORF			0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY			5,126,161	1,620,455	6,746,616	-122,250	6,624,366	101.00
SPECIAL PURPOSE COST CENTERS										
113.00	11300	INTEREST EXPENSE				223,185	223,185	3,682,312	3,905,497	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)			81,385,198	121,893,847	203,279,045	0	203,279,045	118.00
NONREIMBURSABLE COST CENTERS										
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			23,677	62,050	85,727	0	85,727	190.00
190.01	19001	CONVENT			0	20,052	20,052	0	20,052	190.01
190.02	19002	HOME MEDICAL EQUIPMENT			0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING			0	132,799	132,799	0	132,799	190.03
190.04	19004	WOMEN'S HEALTH CENTER			43,028	839	43,867	0	43,867	190.04
190.05	19005	DEVELOPMENT			0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES			106,566	87,500	194,066	0	194,066	190.06
190.07	19007	IMAGE RECOVERY			0	15	15	0	15	190.07
190.08	19008	FAMILY SERVICES			0	0	0	0	0	190.08
190.09	19009	MDWISE			0	2,021	2,021	0	2,021	190.09
190.10	19010	CATHERINE MCAULEY CLINIC			0	0	0	0	0	190.10
190.11	19011	CENTER OF HOPE			35,713	5,326	41,039	0	41,039	190.11
190.12	19012	SELECT			0	0	0	0	0	190.12
190.13	19013	PERCINIAS			0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES			50,248	-668,365	-618,117	0	-618,117	192.00
192.01	19201	WORKING WELL			298,085	202,617	500,702	0	500,702	192.01
193.00	19300	NONPAID WORKERS			0	0	0	0	0	193.00
194.01	07951	REHAB			0	2,973	2,973	0	2,973	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)			81,942,515	121,741,674	203,684,189	0	203,684,189	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0004

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

Worksheet A

Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,582,084	8,069,825	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	4,663,354	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,935,470	22,277,850	4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	16,932,877	26,103,601	5.05
6.00	00600	MAINTENANCE & REPAIRS	-13,462	4,393,168	6.00
7.00	00700	OPERATION OF PLANT	0	7,800,400	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	451,951	8.00
9.00	00900	HOUSEKEEPING	0	1,984,112	9.00
10.00	01000	DIETARY	-244,261	257,627	10.00
11.00	01100	CAFETERIA	-728,639	562,876	11.00
13.00	01300	NURSING ADMINISTRATION	-252,489	4,560,630	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	445,183	916,851	14.00
15.00	01500	PHARMACY	-766,985	4,140,271	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	964,756	1,220,328	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	250,957	874,151	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1	0	146,346	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	80,695	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	0	76,732	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	563,595	23.04
23.05	02305	PARAMED ED PRGM-EMT	0	42,384	23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1	0	50,569	23.06
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-35,117	17,678,124	30.00
31.00	03100	INTENSIVE CARE UNIT	-24,322	2,503,038	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	-20,867	1,449,052	35.00
40.00	04000	SUBPROVIDER - IPF	-16,282,279	5,720,268	40.00
43.00	04300	NURSERY	0	1,336,736	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-790,725	1,247,119	50.00
50.01	05001	OPEN HEART SURGERY	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	931,861	50.02
51.00	05100	RECOVERY ROOM	0	347,024	51.00
53.00	05300	ANESTHESIOLOGY	-5,941	2,699,669	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-77,801	1,043,384	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	702,607	54.01
54.02	05402	ULTRASOUND	-18,204	480,299	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	-211,208	509,313	55.01
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	-1,990,309	5,224,355	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-626	64	63.00
63.01	06301	NUCLEAR MEDICINE	0	303,619	63.01
65.00	06500	RESPIRATORY THERAPY	-29,135	1,705,912	65.00
66.00	06600	PHYSICAL THERAPY	-26,007	2,606,174	66.00
67.00	06700	OCCUPATIONAL THERAPY	-3,549	665,983	67.00
68.00	06800	SPEECH PATHOLOGY	0	335,960	68.00
69.00	06900	ELECTROCARDIOLOGY	-452,496	468,832	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-646	82,705	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,946,087	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,078,158	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,980,527	73.00
76.00	03020	PAIN CLINIC	0	0	76.00
76.01	03950	ORTHOPEDICS	0	297	76.01
76.02	03140	CARDIOVASCULAR SERVICES	-289,704	806,254	76.02
76.03	03957	CARDIAC REHABILITATION	-2,843	468,917	76.03
76.04	03190	RADIATION ONCOLOGY	0	10,647	76.04
76.05	03951	MRI	-13,512	182,107	76.05
76.06	03952	BARIATRIC CENTER	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	-818,159	2,686,273	76.07
76.08	03953	WOUND CARE	-4,017	217,685	76.08
76.09	03954	RENAL DIALYSIS	0	770,901	76.09
76.10	03955	INFUSION	-23,993	3,201,383	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	-16,756	414,305	76.12

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0004

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

Worksheet A

Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	-1,770	109,795	90.01
90.02	09002	CARDIOLOGY CLINIC	0	8,667	90.02
90.03	09003	SPECIALTY CLINIC	0	52,026	90.03
91.00	09100	EMERGENCY	-1,691,739	10,809,505	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	-578	6,623,788	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-3,905,497	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-3,632,309	199,646,736	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	85,727	190.00
190.01	19001	CONVENT	0	20,052	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	132,799	190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	43,867	190.04
190.05	19005	DEVELOPMENT	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	194,066	190.06
190.07	19007	IMAGE RECOVERY	0	15	190.07
190.08	19008	FAMILY SERVICES	0	0	190.08
190.09	19009	MDWISE	0	2,021	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	190.10
190.11	19011	CENTER OF HOPE	0	41,039	190.11
190.12	19012	SELECT	0	0	190.12
190.13	19013	PERCINIANS	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	-618,117	192.00
192.01	19201	WORKING WELL	0	500,702	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
194.01	07951	REHAB	0	2,973	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-3,632,309	200,051,880	200.00

RECLASSIFICATIONS

Provider CCN: 15-0004

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

Worksheet A-6

Date/Time Prepared:
7/16/2020 12:16 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAPITAL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,663,354		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,989,431		2.00
			0	7,652,785		
	B - DIETARY					
1.00	CAFETERIA	11.00	783,573	507,942		1.00
			783,573	507,942		
	C - INSURANCE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	1,112,870		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
			0	1,112,870		
	D - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,653,952		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
			0	8,653,952		
	E - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	26,980,527		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	173,645		2.00
3.00	RADIOLOGY SPECIAL PROCEDURES	54.01	0	1,234		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

RECLASSIFICATIONS

Provider CCN: 15-0004

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

Worksheet A-6

Date/Time Prepared:
7/16/2020 12:16 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
0			0	27,155,406	
F - RADIOLOGY ADMINISTRATION					
1.00	NUCLEAR MEDICINE	63.01	3,899	0	1.00
2.00	ULTRASOUND	54.02	37,623	0	2.00
3.00	NUCLEAR MEDICINE	63.01	55,799	0	3.00
4.00	RADIOLOGY SPECIAL PROCEDURES	54.01	9,302	0	4.00
5.00	MRI	76.05	7,538	0	5.00
0			114,161	0	
G - MEDICAL EDUCATION					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	565,539	1.00
	COSTS APPRV				
0			0	565,539	
H - PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM - LAB 4+1	23.01	0	50,569	1.00
2.00	PARAMED ED PRGM - RADIOLOGY	23.02	0	13,782	2.00
3.00	PARAMED ED PRGM - RESP THER	23.03	0	4,858	3.00
4.00	PHARMACY	15.00	51,160	2,295	4.00
5.00	PARAMED ED PRGM - LAB 3+1	23.06	0	50,569	5.00
0			51,160	122,073	
I - PROFESSIONAL SUPPORT SERVICES					
1.00	RESPIRATORY THERAPY	65.00	191,049	225	1.00
2.00	OCCUPATIONAL THERAPY	67.00	58,706	69	2.00
3.00	SPEECH PATHOLOGY	68.00	25,431	30	3.00
4.00	CARDIAC REHABILITATION	76.03	24,307	29	4.00
0			299,493	353	
J - RENT					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	18,000	1.00
0			0	18,000	
K - NURSERY					
1.00	NURSERY	43.00	1,043,918	292,818	1.00
0			1,043,918	292,818	
L - RENAL DIALYSIS					
1.00	RENAL DIALYSIS	76.09	498,333	272,568	1.00
0			498,333	272,568	
M - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,078,158	1.00
2.00		0.00	0	0	2.00
0			0	3,078,158	
N - SPECIALTY CLINIC					
1.00	SPECIALTY CLINIC	90.03	0	1,224	1.00
0			0	1,224	
O - INTEREST EXPENSE					
1.00	INTEREST EXPENSE	113.00	0	4,190,555	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	408,640	2.00
0			0	4,599,195	
P - MISC A&G					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,121	1.00
2.00	INTEREST EXPENSE	113.00	0	1,170	2.00
0			0	6,291	
Q - CATH LAB RECOVERY					
1.00	CARDIOVASCULAR SERVICES	76.02	196,769	6,314	1.00
0			196,769	6,314	
500.00	Grand Total: Increases		2,987,407	54,045,488	500.00

RECLASSIFICATIONS

Provider CCN: 15-0004

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

Worksheet A-6

Date/Time Prepared:
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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
A - CAPITAL								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,663,354	9	1.00		
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	2,989,431	9	2.00		
	0		0	7,652,785				
B - DIETARY								
1.00	DIETARY	10.00	783,573	507,942	0	1.00		
	0		783,573	507,942				
C - INSURANCE								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,034,654	12	1.00		
2.00	HOME HEALTH AGENCY	101.00	0	564	0	2.00		
3.00	INTEREST EXPENSE	113.00	0	77,652	0	3.00		
	0		0	1,112,870				
D - CHARGEABLE SUPPLIES								
1.00	NURSING ADMINISTRATION	13.00	0	469	0	1.00		
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	235,413	0	2.00		
3.00	PHARMACY	15.00	0	136,571	0	3.00		
4.00	PARAMED ED PRGM-EMT	23.05	0	3,685	0	4.00		
5.00	ADULTS & PEDIATRICS	30.00	0	798,753	0	5.00		
6.00	INTENSIVE CARE UNIT	31.00	0	334,400	0	6.00		
7.00	NEWBORN INTENSIVE CARE UNIT	35.00	0	22,542	0	7.00		
8.00	SUBPROVIDER - IPF	40.00	0	10,413	0	8.00		
9.00	OPERATING ROOM	50.00	0	2,811,634	0	9.00		
10.00	OPEN HEART SURGERY	50.01	0	1,053	0	10.00		
11.00	OUTPATIENT SURGERY	50.02	0	280,116	0	11.00		
12.00	RECOVERY ROOM	51.00	0	12,441	0	12.00		
13.00	ANESTHESIOLOGY	53.00	0	107,792	0	13.00		
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,435	0	14.00		
15.00	RADIOLOGY SPECIAL PROCEDURES	54.01	0	595,764	0	15.00		
16.00	ULTRASOUND	54.02	0	45,375	0	16.00		
17.00	COMPUTED TOMOGRAPHY	55.01	0	108,021	0	17.00		
18.00	LABORATORY	60.00	0	40	0	18.00		
19.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	404,043	0	19.00		
20.00	NUCLEAR MEDICINE	63.01	0	2,791	0	20.00		
21.00	RESPIRATORY THERAPY	65.00	0	223,101	0	21.00		
22.00	PHYSICAL THERAPY	66.00	0	6,457	0	22.00		
23.00	OCCUPATIONAL THERAPY	67.00	0	5,456	0	23.00		
24.00	SPEECH PATHOLOGY	68.00	0	11,347	0	24.00		
25.00	ELECTROCARDIOLOGY	69.00	0	7,609	0	25.00		
26.00	ORTHOPEDICS	76.01	0	8,192	0	26.00		
27.00	CARDIOVASCULAR SERVICES	76.02	0	1,229,939	0	27.00		
28.00	CARDIAC REHABILITATION	76.03	0	6,302	0	28.00		
29.00	RADIATION ONCOLOGY	76.04	0	6	0	29.00		
30.00	MRI	76.05	0	16,205	0	30.00		
31.00	WOUND CARE	76.08	0	82,576	0	31.00		
32.00	INFUSION	76.10	0	298,299	0	32.00		
33.00	ANTICOAGULATION CLINIC	76.12	0	18,765	0	33.00		
34.00	OCC HEALTH CLINIC	90.01	0	7,745	0	34.00		
35.00	SPECIALTY CLINIC	90.03	0	270	0	35.00		
36.00	EMERGENCY	91.00	0	691,591	0	36.00		
37.00	HOME HEALTH AGENCY	101.00	0	117,341	0	37.00		
	0		0	8,653,952				
E - PHARMACY								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	87,885	0	1.00		
2.00	HOUSEKEEPING	9.00	0	26	0	2.00		
3.00	DIETARY	10.00	0	30	0	3.00		
4.00	NURSING ADMINISTRATION	13.00	0	57	0	4.00		
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,203	0	5.00		
6.00	PHARMACY	15.00	0	26,569,063	0	6.00		
7.00	ADULTS & PEDIATRICS	30.00	0	15,922	0	7.00		
8.00	INTENSIVE CARE UNIT	31.00	0	49,190	0	8.00		
9.00	NEWBORN INTENSIVE CARE UNIT	35.00	0	2,421	0	9.00		
10.00	OPERATING ROOM	50.00	0	27,243	0	10.00		
11.00	OUTPATIENT SURGERY	50.02	0	2,482	0	11.00		
12.00	RECOVERY ROOM	51.00	0	59	0	12.00		
13.00	ANESTHESIOLOGY	53.00	0	28,240	0	13.00		
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	54	0	14.00		
15.00	NUCLEAR MEDICINE	63.01	0	210,519	0	15.00		
16.00	RESPIRATORY THERAPY	65.00	0	1,477	0	16.00		
17.00	PHYSICAL THERAPY	66.00	0	46,927	0	17.00		
18.00	ELECTROCARDIOLOGY	69.00	0	620	0	18.00		
19.00	CARDIOVASCULAR SERVICES	76.02	0	345	0	19.00		
20.00	CARDIAC REHABILITATION	76.03	0	485	0	20.00		

RECLASSIFICATIONS

Provider CCN: 15-0004

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

Worksheet A-6

Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
21.00	WOUND CARE	76.08	0	18,384	0	21.00
22.00	INFUSION	76.10	0	54,525	0	22.00
23.00	OCC HEALTH CLINIC	90.01	0	10,168	0	23.00
24.00	SPECIALTY CLINIC	90.03	0	2,592	0	24.00
25.00	EMERGENCY	91.00	0	20,144	0	25.00
26.00	HOME HEALTH AGENCY	101.00	0	4,345	0	26.00
0			0	27,155,406		
F - RADIOLOGY ADMINISTRATION						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	114,161	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
0			114,161	0		
G - MEDICAL EDUCATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	565,539	0	1.00
0			0	565,539		
H - PARAMEDICAL EDUCATION						
1.00	LABORATORY	60.00	0	50,569	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13,782	0	2.00
3.00	RESPIRATORY THERAPY	65.00	0	4,858	0	3.00
4.00	PARAMED ED PRGM-PHARMACY	23.04	51,160	2,295	0	4.00
5.00	LABORATORY	60.00	0	50,569	0	5.00
0			51,160	122,073		
I - PROFESSIONAL SUPPORT SERVICES						
1.00	PHYSICAL THERAPY	66.00	299,493	353	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
0			299,493	353		
J - RENT						
1.00	INTEREST EXPENSE	113.00	0	18,000	10	1.00
0			0	18,000		
K - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,043,918	292,818	0	1.00
0			1,043,918	292,818		
L - RENAL DIALYSIS						
1.00	ADULTS & PEDIATRICS	30.00	498,333	272,568	0	1.00
0			498,333	272,568		
M - IMPLANTABLE DEVICES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,707,865	0	1.00
2.00	CARDIOVASCULAR SERVICES	76.02	0	370,293	0	2.00
0			0	3,078,158		
N - SPECIALTY CLINIC						
1.00	OPERATION OF PLANT	7.00	0	1,224	0	1.00
0			0	1,224		
O - INTEREST EXPENSE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	4,190,555	0	1.00
2.00	INTEREST EXPENSE	113.00	0	408,640	11	2.00
0			0	4,599,195		
P - MISC A&G						
1.00	INTEREST EXPENSE	113.00	0	5,121	11	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	1,170	0	2.00
0			0	6,291		
Q - CATH LAB RECOVERY						
1.00	ADULTS & PEDIATRICS	30.00	196,769	6,314	0	1.00
0			196,769	6,314		
500.00	Grand Total: Decreases		2,987,407	54,045,488		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
7/16/2020 12:16 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,547,620	0	0	0	0	1.00
2.00	Land Improvements	3,655,975	0	0	0	0	2.00
3.00	Buildings and Fixtures	45,589,813	2,798,338	0	2,798,338	523,437	3.00
4.00	Building Improvements	147,396	0	0	0	29,517	4.00
5.00	Fixed Equipment	158,021,692	3,652,759	0	3,652,759	413,460	5.00
6.00	Movable Equipment	2,654,534	0	0	0	1,866,961	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	215,617,030	6,451,097	0	6,451,097	2,833,375	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	215,617,030	6,451,097	0	6,451,097	2,833,375	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,547,620	0				1.00
2.00	Land Improvements	3,655,975	3,284,014				2.00
3.00	Buildings and Fixtures	47,864,714	11,296,918				3.00
4.00	Building Improvements	117,879	95,213				4.00
5.00	Fixed Equipment	161,260,991	88,733,316				5.00
6.00	Movable Equipment	787,573	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	219,234,752	103,409,461				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	219,234,752	103,409,461				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	5,965,932	0	0	1,798,625	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,965,932	0	0	1,798,625	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	7,764,557				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	7,764,557				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,292,009	18,000	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,663,354	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,955,363	18,000	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	413,134	763,971	0	2,582,711	8,069,825	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,663,354	2.00
3.00	Total (sum of lines 1-2)	413,134	763,971	0	2,582,711	12,733,179	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0004

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

Worksheet A-8

Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)	B	23,817	INTEREST EXPENSE	113.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-109,734	CENTRAL SERVICES & SUPPLY	14.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	B	-16,675	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,225,894			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-3,961	RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-1,038,684			0	12.00
13.00	Laundry and linen service	B	0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-716,994	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	0	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-11,645	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	KINDRED MEALS	B	-173,991	DIETARY	10.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0004

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

Worksheet A-8

Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.01	WELLNESS CENTER REVENUE	B	-535	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01
33.02	PHYSICIAN APPLICATION FEES	B	-71,650	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.02
33.03	CARDIAC DIETETIC INSTRUCTION	B	-1,260	DIETARY	10.00	0	33.03
33.04	LOBBYING EXPENSE	A	-5,444	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.04
33.05	PROGRAM FEES	B	-20,736	NURSING ADMINISTRATION	13.00	0	33.05
33.06	LIFELINE	B	-4,070	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.06
33.07	UNNECESSARY BORROWING	A	-674,129	INTEREST EXPENSE	113.00	0	33.07
33.08	MISCELLANEOUS INCOME	B	-1,370	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.08
33.09	MISCELLANEOUS INCOME	B	-13,462	MAINTENANCE & REPAIRS	6.00	0	33.09
33.10	GOODWILL	A	-77,133	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.10
33.11	DONATIONS EXPENSE	A	-4,600	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.11
33.12	ADVERTISING EXPENSE	A	-751	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.12
33.13	ADVERTISING EXPENSE	A	-3,834	SUBPROVIDER - IPF	40.00	0	33.13
33.14	MISCELLANEOUS INCOME	B	-792	RADIOLOGY-DIAGNOSTIC	54.00	0	33.14
33.15	OTHER COMPONENTS OF PENSION COST	B	333,500	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.15
33.16	HAF ASSESSMENT	A	-3,327,964	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.16
33.17	PENSION COST	A	3,477,817	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.17
33.18	DISCOUNTS/REBATES	B	-88,674	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.18
33.19	CONTRA BENEFITS	A	460,604	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.19
33.20	DISCOUNTS/REBATES	B	-69,010	DIETARY	10.00	0	33.20
33.21	DISCOUNTS/REBATES	B	-112,232	PHARMACY	15.00	0	33.21
33.22	DISCOUNTS/REBATES	B	-88,929	OPERATING ROOM	50.00	0	33.22
33.23	DISCOUNTS/REBATES	B	-26,925	RADIOLOGY-DIAGNOSTIC	54.00	0	33.23
33.24	DISCOUNTS/REBATES	B	-28,369	LABORATORY	60.00	0	33.24
33.25	DISCOUNTS/REBATES	B	-8,709	RESPIRATORY THERAPY	65.00	0	33.25
33.26	DISCOUNTS/REBATES	B	-121,717	CARDIOVASCULAR SERVICES	76.02	0	33.26
33.27	ADVERTISING EXPENSE	A	-2,416	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.27
33.28	SALE OF MED RECORDS	B	-5,788	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.28
33.29	PODIATRY RESIDENTS ADD ON	A	250,957	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.29
33.30	ADVERTISING EXPENSE	A	-1,770	OCC HEALTH CLINIC	90.01	0	33.30
33.31	ADVERTISING EXPENSE	A	-1,360	ADULTS & PEDIATRICS	30.00	0	33.31
33.32	ADVERTISING EXPENSE	A	-578	HOME HEALTH AGENCY	101.00	0	33.32
33.33	PROPERTY TAXES	A	0	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.33
33.34	MISCELLANEOUS INCOME	B	-7,750	ADULTS & PEDIATRICS	30.00	0	33.34
33.35	ADVERTISING EXPENSE	A	-600	PHYSICAL THERAPY	66.00	0	33.35
33.36	MISC OTHER OPERATING	B	-627	CAP REL COSTS-BLDG & FIXT	1.00	11	33.36
33.37	MISC OTHER OPERATING	B	-12,054	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.37
33.38	PATIENT INT	B	-9,073	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.38
33.39	PROGRAM FEES	B	-30,223	LABORATORY	60.00	0	33.39
33.40	EMERGENCY MED ED	B	-56,892	EMERGENCY	91.00	0	33.40
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-3,632,309				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: 15-0004

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

Worksheet A-8-1

Date/Time Prepared:
7/16/2020 12:16 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	2,582,711	0	1.00
2.00	5.05	OTHER ADMINISTRATIVE AND GEN	DATA PROCESSING	10,132,231	0	2.00
3.00	5.05	OTHER ADMINISTRATIVE AND GEN	PURCHASING	67,774	0	3.00
4.00	5.05	OTHER ADMINISTRATIVE AND GEN	ADMITTING	1,823,961	0	4.00
4.01	5.05	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATIVE & GENERAL	7,028,977	27,629,206	4.01
4.02	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY	554,917	0	4.02
4.03	15.00	PHARMACY	COEP / PHARMACY	291,117	0	4.03
4.04	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	964,756	0	4.04
4.05	113.00	INTEREST EXPENSE	INTEREST	1,058,952	4,314,137	4.05
4.06	5.05	OTHER ADMINISTRATIVE AND GEN	PURCHASED SERVICES OTHER	0	-28,800,886	4.06
4.07	15.00	PHARMACY	PHARMACY	380,379	1,326,249	4.07
4.08	30.00	ADULTS & PEDIATRICS	INTERMEDIATE CARE UNIT (IMCU	0	16,441	4.08
4.09	40.00	SUBPROVIDER - IPF	CHILD/ADOLESCENT PSYCH	0	6,224,755	4.09
4.10	40.00	SUBPROVIDER - IPF	ADULT INTENSIVE PSYCH	0	12,660,749	4.10
4.11	50.00	OPERATING ROOM	SURGERY	3,679	45,829	4.11
4.12	54.00	RADIOLOGY-DIAGNOSTIC	ULTRASOUND	13,797	59,920	4.12
4.13	55.01	COMPUTED TOMOGRAPHY	COMPUTED TOMOGRAPHY	41,005	252,213	4.13
4.14	60.00	LABORATORY	CHEMISTRY	323,720	2,251,386	4.14
4.15	63.00	BLOOD STORING, PROCESSING &	BLOOD BANK	64	690	4.15
4.16	65.00	RESPIRATORY THERAPY	RESPIRATORY CARE	4,249	23,022	4.16
4.17	66.00	PHYSICAL THERAPY	PHYSICAL THERAPY	6,635	10,330	4.17
4.18	69.00	ELECTROCARDIOLOGY	NON-INVASIVE VASCULAR	48,804	501,300	4.18
4.19	76.03	CARDIAC REHABILITATION	CARDIAC REHAB	307	3,150	4.19
4.20	76.05	MRI	MRI	2,623	16,135	4.20
4.21	76.07	PSYCH ACTIVITY THERAPY	PSYCH THERAPY SERVICES	2,622,851	3,441,010	4.21
4.22	67.00	OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPY	906	4,455	4.22
4.23	91.00	EMERGENCY	EMERGENCY ROOM	330,724	1,926,646	4.23
4.24	40.00	SUBPROVIDER - IPF	PYSCH UNIT OVERHEAD	2,615,355	0	4.24
4.26	54.02	ULTRASOUND	ULTRASOUND	2,856	21,060	4.26
4.27	40.00	SUBPROVIDER - IPF	PSYCH REVENUE RECLASS	0	8,296	4.27
4.28	53.00	ANESTHESIOLOGY	ANESTHESIOLOGY	1,309	7,250	4.28
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			30,904,659	31,943,343	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			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	FRANCISCAN ALLI	100.00	FRANCISCAN ALLI	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

Provider CCN: 15-0004

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

Worksheet A-8-1

Date/Time Prepared:
7/16/2020 12:16 pm

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
				Name	Percentage of Ownership
	1.00	2.00	3.00	4.00	5.00

(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: 15-0004

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

Worksheet A-8-1

Date/Time Prepared:
7/16/2020 12:16 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	2,582,711	14		1.00
2.00	10,132,231	0		2.00
3.00	67,774	0		3.00
4.00	1,823,961	0		4.00
4.01	-20,600,229	0		4.01
4.02	554,917	0		4.02
4.03	291,117	0		4.03
4.04	964,756	0		4.04
4.05	-3,255,185	0		4.05
4.06	28,800,886	0		4.06
4.07	-945,870	0		4.07
4.08	-16,441	0		4.08
4.09	-6,224,755	0		4.09
4.10	-12,660,749	0		4.10
4.11	-42,150	0		4.11
4.12	-46,123	0		4.12
4.13	-211,208	0		4.13
4.14	-1,927,666	0		4.14
4.15	-626	0		4.15
4.16	-18,773	0		4.16
4.17	-3,695	0		4.17
4.18	-452,496	0		4.18
4.19	-2,843	0		4.19
4.20	-13,512	0		4.20
4.21	-818,159	0		4.21
4.22	-3,549	0		4.22
4.23	-1,595,922	0		4.23
4.24	2,615,355	0		4.24
4.26	-18,204	0		4.26
4.27	-8,296	0		4.27
4.28	-5,941	0		4.28
5.00	-1,038,684			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: 15-0004

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

Worksheet A-8-2

Date/Time Prepared:
7/16/2020 12:16 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	13.00	NURSING ADMINISTRATION	250,648	223,988	26,660	197,500	199	1.00
2.00	30.00	ADULTS & PEDIATRICS	25,043	4,621	20,422	197,500	163	2.00
3.00	31.00	INTENSIVE CARE UNIT	75,216	8,214	67,002	197,500	536	3.00
4.00	35.00	NEWBORN INTENSIVE CARE UNIT	26,659	19,043	7,616	197,500	61	4.00
5.00	50.00	OPERATING ROOM	717,218	656,465	60,753	246,400	486	5.00
6.00	60.00	LABORATORY	40,774	2,056	38,718	246,400	310	6.00
7.00	65.00	RESPIRATORY THERAPY	6,780	0	6,780	197,500	54	7.00
8.00	66.00	PHYSICAL THERAPY	64,725	8,055	56,670	197,500	453	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	2,735	0	2,735	197,500	22	9.00
10.00	76.02	CARDIOVASCULAR SERVICES	192,200	160,355	31,845	197,500	255	10.00
11.00	76.08	WOUND CARE	7,150	2,993	4,157	197,500	33	11.00
12.00	76.10	INFUSION	79,825	6,363	73,462	197,500	588	12.00
13.00	76.12	ANTICOAGULATION CLINIC	68,695	338	68,357	197,500	547	13.00
14.00	91.00	EMERGENCY	95,042	21,190	73,852	197,500	591	14.00
200.00			1,652,710	1,113,681	539,029		4,298	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	13.00	NURSING ADMINISTRATION	18,895	945	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	15,477	774	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	50,894	2,545	0	0	0	3.00
4.00	35.00	NEWBORN INTENSIVE CARE UNIT	5,792	290	0	0	0	4.00
5.00	50.00	OPERATING ROOM	57,572	2,879	0	0	0	5.00
6.00	60.00	LABORATORY	36,723	1,836	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	5,127	256	0	0	0	7.00
8.00	66.00	PHYSICAL THERAPY	43,013	2,151	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	2,089	104	0	0	0	9.00
10.00	76.02	CARDIOVASCULAR SERVICES	24,213	1,211	0	0	0	10.00
11.00	76.08	WOUND CARE	3,133	157	0	0	0	11.00
12.00	76.10	INFUSION	55,832	2,792	0	0	0	12.00
13.00	76.12	ANTICOAGULATION CLINIC	51,939	2,597	0	0	0	13.00
14.00	91.00	EMERGENCY	56,117	2,806	0	0	0	14.00
200.00			426,816	21,343	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	13.00	NURSING ADMINISTRATION	0	18,895	7,765	231,753		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	15,477	4,945	9,566		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	50,894	16,108	24,322		3.00
4.00	35.00	NEWBORN INTENSIVE CARE UNIT	0	5,792	1,824	20,867		4.00
5.00	50.00	OPERATING ROOM	0	57,572	3,181	659,646		5.00
6.00	60.00	LABORATORY	0	36,723	1,995	4,051		6.00
7.00	65.00	RESPIRATORY THERAPY	0	5,127	1,653	1,653		7.00
8.00	66.00	PHYSICAL THERAPY	0	43,013	13,657	21,712		8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	2,089	646	646		9.00
10.00	76.02	CARDIOVASCULAR SERVICES	0	24,213	7,632	167,987		10.00
11.00	76.08	WOUND CARE	0	3,133	1,024	4,017		11.00
12.00	76.10	INFUSION	0	55,832	17,630	23,993		12.00
13.00	76.12	ANTICOAGULATION CLINIC	0	51,939	16,418	16,756		13.00
14.00	91.00	EMERGENCY	0	56,117	17,735	38,925		14.00
200.00			0	426,816	112,213	1,225,894		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	8,069,825	8,069,825			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,663,354	4,663,354			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	22,277,850	38,760	12,890	22,329,500	4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	26,103,601	771,728	192,346	3,684,785	5.05
6.00	00600	MAINTENANCE & REPAIRS	4,393,168	578,342	131,392	294,240	6.00
7.00	00700	OPERATION OF PLANT	7,800,400	380,693	8,364	324,193	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	451,951	10,074	93,529	0	8.00
9.00	00900	HOUSEKEEPING	1,984,112	146,984	29,076	416,123	9.00
10.00	01000	DIETARY	257,627	153,517	17,234	84,073	10.00
11.00	01100	CAFETERIA	562,876	89,118	0	216,333	11.00
13.00	01300	NURSING ADMINISTRATION	4,560,630	98,844	135,047	1,104,116	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	916,851	142,601	111,600	69,639	14.00
15.00	01500	PHARMACY	4,140,271	85,483	9,485	747,630	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,220,328	253,230	1,733	62,073	16.00
17.00	01700	SOCIAL SERVICE	0	15,018	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	874,151	0	0	14,570	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1	146,346	0	0	22,771	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	80,695	0	0	18,459	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	76,732	0	0	19,502	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	563,595	0	0	151,377	23.04
23.05	02305	PARAMED ED PRGM-EMT	42,384	63,010	0	4,422	23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1	50,569	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,678,124	1,741,334	841,527	4,321,806	30.00
31.00	03100	INTENSIVE CARE UNIT	2,503,038	257,172	235,716	671,402	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	1,449,052	0	57,050	252,234	35.00
40.00	04000	SUBPROVIDER - IPF	5,720,268	0	0	841,497	40.00
43.00	04300	NURSERY	1,336,736	0	0	288,210	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,247,119	488,850	242,698	269,447	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	931,861	373,412	212,944	242,738	50.02
51.00	05100	RECOVERY ROOM	347,024	0	63,463	95,365	51.00
53.00	05300	ANESTHESIOLOGY	2,699,669	0	143,186	16,123	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,043,384	225,920	441,012	290,544	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	702,607	54,539	152,557	189,710	54.01
54.02	05402	ULTRASOUND	480,299	27,149	189,924	128,790	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	509,313	27,777	377,902	120,006	55.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	5,224,355	185,450	505	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	64	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	303,619	36,716	37,833	73,066	63.01
65.00	06500	RESPIRATORY THERAPY	1,705,912	73,672	164,426	392,206	65.00
66.00	06600	PHYSICAL THERAPY	2,606,174	190,607	5,097	684,452	66.00
67.00	06700	OCCUPATIONAL THERAPY	665,983	17,610	1,089	180,328	67.00
68.00	06800	SPEECH PATHOLOGY	335,960	54,566	4,390	87,622	68.00
69.00	06900	ELECTROCARDIOLOGY	468,832	30,663	120,517	113,048	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	82,705	24,905	15,598	20,010	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,946,087	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,078,158	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,980,527	0	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	297	12,359	60	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	806,254	108,812	150,803	263,917	76.02
76.03	03957	CARDIAC REHABILITATION	468,917	23,435	47,210	126,578	76.03
76.04	03190	RADIATION ONCOLOGY	10,647	244,198	48,124	2,936	76.04
76.05	03951	MRI	182,107	53,471	10,737	43,465	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	2,686,273	0	0	0	76.07
76.08	03953	WOUND CARE	217,685	87,314	2,347	56,135	76.08
76.09	03954	RENAL DIALYSIS	770,901	168,629	0	137,582	76.09

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet 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	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
76.10	03955	INFUSION	3,201,383	8,872	49,400	684,520	3,944,175	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	414,305	0	0	96,727	511,032	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	109,795	0	0	0	109,795	90.01
90.02	09002	CARDIOLOGY CLINIC	8,667	0	0	0	8,667	90.02
90.03	09003	SPECIALTY CLINIC	52,026	0	0	12,548	64,574	90.03
91.00	09100	EMERGENCY	10,809,505	208,337	204,860	2,823,059	14,045,761	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	6,623,788	157,111	34,640	1,415,256	8,230,795	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	199,646,736	7,710,282	4,598,311	22,175,633	199,068,283	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	85,727	18,091	271	6,537	110,626	190.00
190.01	19001	CONVENT	20,052	0	0	0	20,052	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	132,799	0	0	0	132,799	190.03
190.04	19004	WOMEN'S HEALTH CENTER	43,867	15,338	0	11,879	71,084	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	194,066	0	0	29,421	223,487	190.06
190.07	19007	IMAGE RECOVERY	15	0	0	0	15	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWISE	2,021	0	0	0	2,021	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011	CENTER OF HOPE	41,039	6,721	1,073	9,860	58,693	190.11
190.12	19012	SELECT	0	0	0	0	0	190.12
190.13	19013	PERCINIAS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-618,117	82,811	0	13,873	-521,433	192.00
192.01	19201	WORKING WELL	500,702	0	36,365	82,297	619,364	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	2,973	236,582	27,334	0	266,889	194.01
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)	200,051,880	8,069,825	4,663,354	22,329,500	200,051,880	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

Period:
From 01/01/2019
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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.05	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
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	30,752,460					5.05
6.00	00600	MAINTENANCE & REPAIRS	977,368	6,374,510				6.00
7.00	00700	OPERATION OF PLANT	1,541,737	363,230	10,418,617			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	100,605	9,612	16,659	682,430		8.00
9.00	00900	HOUSEKEEPING	466,541	140,241	243,063	0	3,426,140	9.00
10.00	01000	DIETARY	92,800	146,475	253,867	0	85,618	10.00
11.00	01100	CAFETERIA	157,245	85,029	147,371	0	49,702	11.00
13.00	01300	NURSING ADMINISTRATION	1,068,184	94,310	163,456	0	55,126	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	224,677	136,060	235,816	0	79,530	14.00
15.00	01500	PHARMACY	902,348	81,562	141,361	0	47,675	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	278,401	241,613	418,759	0	141,229	16.00
17.00	01700	SOCIAL SERVICE	2,720	14,329	24,834	0	8,376	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	160,938	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1	30,625	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	17,956	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	17,427	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	129,474	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-EMT	19,887	60,120	104,198	0	35,141	23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1	9,158	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,451,698	1,661,448	2,879,588	479,139	971,156	30.00
31.00	03100	INTENSIVE CARE UNIT	664,116	245,374	425,277	77,174	143,427	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	318,417	0	0	11,243	0	35.00
40.00	04000	SUBPROVIDER - IPF	1,188,270	0	0	0	0	40.00
43.00	04300	NURSERY	294,261	0	0	22,104	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	407,111	466,425	808,397	0	272,636	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	318,891	356,282	617,500	0	208,255	50.02
51.00	05100	RECOVERY ROOM	91,605	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	517,732	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	362,336	215,556	373,597	0	125,998	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	199,093	52,037	90,190	0	30,417	54.01
54.02	05402	ULTRASOUND	149,610	25,904	44,896	0	15,141	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	187,428	26,503	45,935	0	15,492	55.01
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	979,753	176,943	306,673	0	103,427	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	81,714	35,032	60,716	0	20,477	63.01
65.00	06500	RESPIRATORY THERAPY	423,065	70,293	121,830	0	41,088	65.00
66.00	06600	PHYSICAL THERAPY	631,339	181,863	315,201	0	106,303	66.00
67.00	06700	OCCUPATIONAL THERAPY	156,645	16,802	29,121	0	9,821	67.00
68.00	06800	SPEECH PATHOLOGY	87,383	52,063	90,234	0	30,432	68.00
69.00	06900	ELECTROCARDIOLOGY	132,750	29,257	50,707	0	17,101	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25,935	23,762	41,184	0	13,890	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,076,777	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	557,424	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,885,872	0	0	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	2,303	11,792	20,437	0	6,893	76.01
76.02	03140	CARDIOVASCULAR SERVICES	240,811	103,820	179,938	0	60,685	76.02
76.03	03957	CARDIAC REHABILITATION	120,631	22,360	38,754	0	13,070	76.03
76.04	03190	RADIATION ONCOLOGY	55,396	232,996	403,823	0	136,191	76.04
76.05	03951	MRI	52,476	51,018	88,423	0	29,821	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	486,457	0	0	0	0	76.07
76.08	03953	WOUND CARE	65,823	83,308	144,388	0	48,696	76.08
76.09	03954	RENAL DIALYSIS	195,054	160,893	278,856	0	94,046	76.09
76.10	03955	INFUSION	714,251	8,465	14,671	0	4,948	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	92,543	0	0	0	0	76.12

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.05	6.00	7.00	8.00	9.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	19,883	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	1,570	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	11,694	0	0	0	0	90.03
91.00	09100 EMERGENCY	2,543,547	198,780	344,521	0	116,191	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	1,490,515	149,904	259,810	0	87,622	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	30,480,282	6,031,461	9,824,051	589,660	3,225,621	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,033	17,261	29,916	0	10,089	190.00
190.01	19001 CONVENT	3,631	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	24,049	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	12,873	14,635	25,365	0	8,554	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	40,471	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	10,629	6,412	11,114	0	3,748	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINIANS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	79,012	136,942	0	46,184	192.00
192.01	19201 WORKING WELL	112,161	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	48,331	225,729	391,229	92,770	131,944	194.01
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)	30,752,460	6,374,510	10,418,617	682,430	3,426,140	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,091,211					10.00
11.00	01100	CAFETERIA	0	1,307,674				11.00
13.00	01300	NURSING ADMINISTRATION	0	85,592	7,365,305			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,577	8,718	1,936,069		14.00
15.00	01500	PHARMACY	0	49,385	0	0	6,205,200	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,009	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,810	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1	0	1,694	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	1,731	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	0	1,593	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	14,940	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-EMT	0	662	0	0	0	23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1	0	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	791,795	394,347	2,820,974	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	127,527	64,195	734,199	0	0	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	18,581	18,900	239,946	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	517,421	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	27,544	150,423	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	18,375	215,248	0	0	50.02
51.00	05100	RECOVERY ROOM	0	7,438	82,277	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	2,843	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	44,990	7,419	0	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	14,930	90,230	0	0	54.01
54.02	05402	ULTRASOUND	0	9,155	5,067	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	11,141	1,111	0	0	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	0	4,663	0	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	0	36,535	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	57,309	50,131	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	12,846	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,393	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	12,949	2,757	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,641	21,060	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,490,773	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	445,296	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	6,205,200	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	51	462	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	20,014	132,091	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	0	10,713	61,939	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	0	59	361	0	0	76.04
76.05	03951	MRI	0	3,663	621	0	0	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953	WOUND CARE	0	7,349	59,745	0	0	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	0	0	76.09
76.10	03955	INFUSION	0	60,377	531,769	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	0	8,131	0	0	0	76.12

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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	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	1,893	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	0	1,747	0	0	0	90.03
91.00	09100	EMERGENCY	0	130,279	958,455	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	126,495	509,020	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	937,903	1,291,958	7,201,444	1,936,069	6,205,200	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,196	0	0	0	190.00
190.01	19001	CONVENT	0	0	0	0	0	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	1,882	0	0	0	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	620	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011	CENTER OF HOPE	0	757	4,605	0	0	190.11
190.12	19012	SELECT	0	0	0	0	0	190.12
190.13	19013	PERCINIANS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,606	159,256	0	0	192.00
192.01	19201	WORKING WELL	0	9,655	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	153,308	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,091,211	1,307,674	7,365,305	1,936,069	6,205,200	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet B
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB 4+1	
			16.00	17.00	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
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	2,624,375					16.00
17.00	01700	SOCIAL SERVICE	0	65,277				17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,051,469			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		0		23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1	0	0			201,436	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0				23.02
23.03	02303	PARAMED ED PRGM - RESP THER	0	0				23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0				23.04
23.05	02305	PARAMED ED PRGM-EMT	0	0				23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1	0	0				23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	184,138	4,585	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	38,957	970	0	0	0	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	6,955	173	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	62,881	1,566	0	0	0	40.00
43.00	04300	NURSERY	8,076	201	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	96,575	2,404	0	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	17,596	438	0	0	0	50.02
51.00	05100	RECOVERY ROOM	16,056	400	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	38,971	970	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,940	1,019	0	0	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	35,662	888	0	0	0	54.01
54.02	05402	ULTRASOUND	36,267	903	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	132,916	3,309	0	0	0	55.01
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	171,907	4,280	0	0	165,177	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,492	112	0	0	32,230	63.00
63.01	06301	NUCLEAR MEDICINE	14,689	366	0	0	4,029	63.01
65.00	06500	RESPIRATORY THERAPY	43,351	1,079	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	20,858	519	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,301	431	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,367	183	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	48,790	1,215	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,374	59	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	82,748	2,060	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,888	396	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	910,212	22,599	0	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	21	1	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	57,013	1,419	0	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	7,159	178	0	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	648	16	0	0	0	76.04
76.05	03951	MRI	25,207	628	0	0	0	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953	WOUND CARE	7,562	188	0	0	0	76.08
76.09	03954	RENAL DIALYSIS	8,640	215	0	0	0	76.09
76.10	03955	INFUSION	68,163	1,697	0	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0	76.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

Period:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB 4+1	
76.12	03958	ANTICOAGULATION CLINIC	16.00	17.00	22.00	23.00	23.01	
			2,173	54	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	322,427	8,028	1,051,469	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	69,395	1,728	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,624,375	65,277	1,051,469	0	201,436	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	CONVENT	0	0	0	0	0	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011	CENTER OF HOPE	0	0	0	0	0	190.11
190.12	19012	SELECT	0	0	0	0	0	190.12
190.13	19013	PERCINIAS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,624,375	65,277	1,051,469	0	201,436	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESP THER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT	PARAMED ED PRGM - LAB 3+1	
			23.02	23.03	23.04	23.05	23.06	
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
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1						23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	118,841					23.02
23.03	02303	PARAMED ED PRGM - RESP THER		115,254				23.03
23.04	02304	PARAMED ED PRGM-PHARMACY			859,386			23.04
23.05	02305	PARAMED ED PRGM-EMT				329,824		23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1					59,727	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	112,899	0	0	0	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	2,377	0	0	0	0	54.01
54.02	05402	ULTRASOUND	1,188	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	2,377	0	0	0	0	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	0	0	0	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	0	115,254	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	859,386	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	0	0	0	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05	03951	MRI	0	0	0	0	0	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953	WOUND CARE	0	0	0	0	0	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	0	0	76.09
76.10	03955	INFUSION	0	0	0	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	0	0	0	0	0	76.12

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
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Cost Center Description		PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESP THER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT	PARAMED ED PRGM - LAB 3+1	
		23.02	23.03	23.04	23.05	23.06	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	329,824	59,727	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	118,841	115,254	859,386	329,824	59,727	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINIANS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	118,841	115,254	859,386	329,824	59,727	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	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
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL				5.05
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1				23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY				23.02
23.03	02303	PARAMED ED PRGM - RESP THER				23.03
23.04	02304	PARAMED ED PRGM-PHARMACY				23.04
23.05	02305	PARAMED ED PRGM-EMT				23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1				23.06
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	39,221,659	0	39,221,659	30.00
31.00	03100	INTENSIVE CARE UNIT	6,188,544	0	6,188,544	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	2,372,551	0	2,372,551	35.00
40.00	04000	SUBPROVIDER - IPF	8,331,903	0	8,331,903	40.00
43.00	04300	NURSERY	1,949,588	0	1,949,588	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,479,629	0	4,479,629	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	3,513,540	0	3,513,540	50.02
51.00	05100	RECOVERY ROOM	703,628	0	703,628	51.00
53.00	05300	ANESTHESIOLOGY	3,419,494	0	3,419,494	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,285,614	0	3,285,614	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	1,615,237	0	1,615,237	54.01
54.02	05402	ULTRASOUND	1,114,293	0	1,114,293	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	1,461,210	0	1,461,210	55.01
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	7,318,470	0	7,318,470	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	36,910	0	36,910	63.00
63.01	06301	NUCLEAR MEDICINE	672,920	0	672,920	63.01
65.00	06500	RESPIRATORY THERAPY	3,188,711	0	3,188,711	65.00
66.00	06600	PHYSICAL THERAPY	4,849,853	0	4,849,853	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,107,977	0	1,107,977	67.00
68.00	06800	SPEECH PATHOLOGY	756,593	0	756,593	68.00
69.00	06900	ELECTROCARDIOLOGY	1,028,586	0	1,028,586	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	273,123	0	273,123	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,598,445	0	8,598,445	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,097,162	0	4,097,162	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,863,796	0	39,863,796	73.00
76.00	03020	PAIN CLINIC	0	0	0	76.00
76.01	03950	ORTHOPEDICS	54,676	0	54,676	76.01
76.02	03140	CARDIOVASCULAR SERVICES	2,125,577	0	2,125,577	76.02
76.03	03957	CARDIAC REHABILITATION	940,944	0	940,944	76.03
76.04	03190	RADIATION ONCOLOGY	1,135,395	0	1,135,395	76.04
76.05	03951	MRI	541,637	0	541,637	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	3,172,730	0	3,172,730	76.07
76.08	03953	WOUND CARE	780,540	0	780,540	76.08
76.09	03954	RENAL DIALYSIS	1,814,816	0	1,814,816	76.09
76.10	03955	INFUSION	5,348,516	0	5,348,516	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	76.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
76.12	03958	ANTICOAGULATION CLINIC	613,933	0	613,933	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	131,571	0	131,571	90.01
90.02	09002	CARDIOLOGY CLINIC	10,237	0	10,237	90.02
90.03	09003	SPECIALTY CLINIC	78,015	0	78,015	90.03
91.00	09100	EMERGENCY	20,109,009	-1,051,469	19,057,540	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	10,925,284	0	10,925,284	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	197,232,316	-1,051,469	196,180,847	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	189,121	0	189,121	190.00
190.01	19001	CONVENT	23,683	0	23,683	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	156,848	0	156,848	190.03
190.04	19004	WOMEN'S HEALTH CENTER	134,393	0	134,393	190.04
190.05	19005	DEVELOPMENT	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	264,578	0	264,578	190.06
190.07	19007	IMAGE RECOVERY	15	0	15	190.07
190.08	19008	FAMILY SERVICES	0	0	0	190.08
190.09	19009	MDWISE	2,021	0	2,021	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	190.10
190.11	19011	CENTER OF HOPE	95,958	0	95,958	190.11
190.12	19012	SELECT	0	0	0	190.12
190.13	19013	PERCINIAS	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-98,433	0	-98,433	192.00
192.01	19201	WORKING WELL	741,180	0	741,180	192.01
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.01	07951	REHAB	1,310,200	0	1,310,200	194.01
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	200,051,880	-1,051,469	199,000,411	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	38,760	12,890	51,650	4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	0	771,728	192,346	964,074	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	578,342	131,392	709,734	6.00
7.00	00700	OPERATION OF PLANT	0	380,693	8,364	389,057	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	10,074	93,529	103,603	8.00
9.00	00900	HOUSEKEEPING	0	146,984	29,076	176,060	9.00
10.00	01000	DIETARY	0	153,517	17,234	170,751	10.00
11.00	01100	CAFETERIA	0	89,118	0	89,118	11.00
13.00	01300	NURSING ADMINISTRATION	0	98,844	135,047	233,891	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	142,601	111,600	254,201	14.00
15.00	01500	PHARMACY	0	85,483	9,485	94,968	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	253,230	1,733	254,963	16.00
17.00	01700	SOCIAL SERVICE	0	15,018	0	15,018	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-EMT	0	63,010	0	63,010	23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,741,334	841,527	2,582,861	30.00
31.00	03100	INTENSIVE CARE UNIT	0	257,172	235,716	492,888	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	57,050	57,050	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	488,850	242,698	731,548	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	373,412	212,944	586,356	50.02
51.00	05100	RECOVERY ROOM	0	0	63,463	63,463	51.00
53.00	05300	ANESTHESIOLOGY	0	0	143,186	143,186	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	225,920	441,012	666,932	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	54,539	152,557	207,096	54.01
54.02	05402	ULTRASOUND	0	27,149	189,924	217,073	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	27,777	377,902	405,679	55.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	185,450	505	185,955	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	0	36,716	37,833	74,549	63.01
65.00	06500	RESPIRATORY THERAPY	0	73,672	164,426	238,098	65.00
66.00	06600	PHYSICAL THERAPY	0	190,607	5,097	195,704	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	17,610	1,089	18,699	67.00
68.00	06800	SPEECH PATHOLOGY	0	54,566	4,390	58,956	68.00
69.00	06900	ELECTROCARDIOLOGY	0	30,663	120,517	151,180	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	24,905	15,598	40,503	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	12,359	60	12,419	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	108,812	150,803	259,615	76.02
76.03	03957	CARDIAC REHABILITATION	0	23,435	47,210	70,645	76.03
76.04	03190	RADIATION ONCOLOGY	0	244,198	48,124	292,322	76.04
76.05	03951	MRI	0	53,471	10,737	64,208	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	76.07
76.08	03953	WOUND CARE	0	87,314	2,347	89,661	76.08
76.09	03954	RENAL DIALYSIS	0	168,629	0	168,629	76.09
76.10	03955	INFUSION	0	8,872	49,400	58,272	76.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	0	0	0	0	224	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	0	0	0	0	29	90.03
91.00	09100	EMERGENCY	0	208,337	204,860	413,197	6,534	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0			0		92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	157,111	34,640	191,751	3,276	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	7,710,282	4,598,311	12,308,593	51,295	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,091	271	18,362	15	190.00
190.01	19001	CONVENT	0	0	0	0	0	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	15,338	0	15,338	27	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	68	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011	CENTER OF HOPE	0	6,721	1,073	7,794	23	190.11
190.12	19012	SELECT	0	0	0	0	0	190.12
190.13	19013	PERCINIAS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	82,811	0	82,811	32	192.00
192.01	19201	WORKING WELL	0	0	36,365	36,365	190	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	0	236,582	27,334	263,916	0	194.01
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	8,069,825	4,663,354	12,733,179	51,650	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.05	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
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	972,602					5.05
6.00	00600	MAINTENANCE & REPAIRS	30,909	741,324				6.00
7.00	00700	OPERATION OF PLANT	48,758	42,242	480,807			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,182	1,118	769	108,672		8.00
9.00	00900	HOUSEKEEPING	14,754	16,309	11,217	0	219,303	9.00
10.00	01000	DIETARY	2,935	17,034	11,716	0	5,480	10.00
11.00	01100	CAFETERIA	4,973	9,888	6,801	0	3,181	11.00
13.00	01300	NURSING ADMINISTRATION	33,781	10,968	7,543	0	3,529	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,105	15,823	10,883	0	5,091	14.00
15.00	01500	PHARMACY	28,537	9,485	6,524	0	3,052	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,804	28,098	19,325	0	9,040	16.00
17.00	01700	SOCIAL SERVICE	86	1,666	1,146	0	536	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,090	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1	969	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	568	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	551	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	4,095	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-EMT	629	6,992	4,809	0	2,249	23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1	290	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	140,786	193,220	132,887	76,300	62,160	30.00
31.00	03100	INTENSIVE CARE UNIT	21,003	28,536	19,626	12,289	9,181	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	10,070	0	0	1,790	0	35.00
40.00	04000	SUBPROVIDER - IPF	37,579	0	0	0	0	40.00
43.00	04300	NURSERY	9,306	0	0	3,520	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,875	54,243	37,307	0	17,451	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	10,085	41,434	28,497	0	13,330	50.02
51.00	05100	RECOVERY ROOM	2,897	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	16,373	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,459	25,068	17,241	0	8,065	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	6,296	6,052	4,162	0	1,947	54.01
54.02	05402	ULTRASOUND	4,731	3,013	2,072	0	969	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	5,927	3,082	2,120	0	992	55.01
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	30,985	20,578	14,153	0	6,620	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	2,584	4,074	2,802	0	1,311	63.01
65.00	06500	RESPIRATORY THERAPY	13,380	8,175	5,622	0	2,630	65.00
66.00	06600	PHYSICAL THERAPY	19,966	21,150	14,546	0	6,804	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,954	1,954	1,344	0	629	67.00
68.00	06800	SPEECH PATHOLOGY	2,763	6,055	4,164	0	1,948	68.00
69.00	06900	ELECTROCARDIOLOGY	4,198	3,402	2,340	0	1,095	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	820	2,763	1,901	0	889	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	34,053	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,629	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	154,566	0	0	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	73	1,371	943	0	441	76.01
76.02	03140	CARDIOVASCULAR SERVICES	7,616	12,074	8,304	0	3,884	76.02
76.03	03957	CARDIAC REHABILITATION	3,815	2,600	1,788	0	837	76.03
76.04	03190	RADIATION ONCOLOGY	1,752	27,096	18,636	0	8,717	76.04
76.05	03951	MRI	1,660	5,933	4,081	0	1,909	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	15,384	0	0	0	0	76.07
76.08	03953	WOUND CARE	2,082	9,688	6,663	0	3,117	76.08
76.09	03954	RENAL DIALYSIS	6,169	18,711	12,869	0	6,020	76.09
76.10	03955	INFUSION	22,588	984	677	0	317	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	2,927	0	0	0	0	76.12

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.05	6.00	7.00	8.00	9.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	629	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	50	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	370	0	0	0	0	90.03
91.00	09100 EMERGENCY	80,440	23,117	15,899	0	7,437	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	47,138	17,433	11,990	0	5,609	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	963,994	701,429	453,367	93,899	206,467	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	634	2,007	1,381	0	646	190.00
190.01	19001 CONVENT	115	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	761	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	407	1,702	1,171	0	548	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	1,280	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	336	746	513	0	240	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINIANS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	9,189	6,320	0	2,956	192.00
192.01	19201 WORKING WELL	3,547	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	1,528	26,251	18,055	14,773	8,446	194.01
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)	972,602	741,324	480,807	108,672	219,303	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
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
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	208,111					10.00
11.00	01100	CAFETERIA	0	114,462				11.00
13.00	01300	NURSING ADMINISTRATION	0	7,492	299,759			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	926	355	294,545		14.00
15.00	01500	PHARMACY	0	4,323	0	0	148,619	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	614	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	158	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1	0	148	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	152	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	0	139	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	1,308	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-EMT	0	58	0	0	0	23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1	0	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	151,008	34,518	114,811	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	24,321	5,619	29,881	0	0	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	3,544	1,654	9,765	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	21,058	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,411	6,122	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	1,608	8,760	0	0	50.02
51.00	05100	RECOVERY ROOM	0	651	3,349	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	249	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,938	302	0	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	1,307	3,672	0	0	54.01
54.02	05402	ULTRASOUND	0	801	206	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	975	45	0	0	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	0	408	0	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	0	3,198	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,016	2,040	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,124	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	560	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,133	112	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	144	857	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	226,800	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	67,745	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	148,619	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	4	19	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	1,752	5,376	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	0	938	2,521	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	0	5	15	0	0	76.04
76.05	03951	MRI	0	321	25	0	0	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953	WOUND CARE	0	643	2,432	0	0	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	0	0	76.09
76.10	03955	INFUSION	0	5,285	21,642	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	0	712	0	0	0	76.12

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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	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	166	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	0	153	0	0	0	90.03
91.00	09100	EMERGENCY	0	11,403	39,008	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	11,072	20,717	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	178,873	113,086	293,090	294,545	148,619	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	105	0	0	0	190.00
190.01	19001	CONVENT	0	0	0	0	0	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	165	0	0	0	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	54	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011	CENTER OF HOPE	0	66	187	0	0	190.11
190.12	19012	SELECT	0	0	0	0	0	190.12
190.13	19013	PERCINIANS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	141	6,482	0	0	192.00
192.01	19201	WORKING WELL	0	845	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	29,238	0	0	0	0	194.01
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)	208,111	114,462	299,759	294,545	148,619	202.00

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB 4+1	
			16.00	17.00	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00500	OTHER ADMINISTRATIVE AND GENERAL						5.05
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	320,988					16.00
17.00	01700	SOCIAL SERVICE	0	18,452				17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	5,282			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		0		23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1	0	0			1,170	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0				23.02
23.03	02303	PARAMED ED PRGM - RESP THER	0	0				23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0				23.04
23.05	02305	PARAMED ED PRGM-EMT	0	0				23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1	0	0				23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,545	1,294				30.00
31.00	03100	INTENSIVE CARE UNIT	4,770	274				31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	852	49				35.00
40.00	04000	SUBPROVIDER - IPF	7,699	442				40.00
43.00	04300	NURSERY	989	57				43.00
44.00	04400	SKILLED NURSING FACILITY	0	0				44.00
45.00	04500	NURSING FACILITY	0	0				45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,824	679				50.00
50.01	05001	OPEN HEART SURGERY	0	0				50.01
50.02	05002	OUTPATIENT SURGERY	2,154	124				50.02
51.00	05100	RECOVERY ROOM	1,966	113				51.00
53.00	05300	ANESTHESIOLOGY	4,772	274				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,013	288				54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	4,366	251				54.01
54.02	05402	ULTRASOUND	4,440	255				54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0				55.00
55.01	05501	COMPUTED TOMOGRAPHY	16,274	934				55.01
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	21,048	1,208				60.00
60.01	06001	BLOOD LABORATORY	0	0				60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	550	32				63.00
63.01	06301	NUCLEAR MEDICINE	1,799	103				63.01
65.00	06500	RESPIRATORY THERAPY	5,308	305				65.00
66.00	06600	PHYSICAL THERAPY	2,554	147				66.00
67.00	06700	OCCUPATIONAL THERAPY	2,118	122				67.00
68.00	06800	SPEECH PATHOLOGY	902	52				68.00
69.00	06900	ELECTROCARDIOLOGY	5,974	343				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	291	17				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,131	582				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,945	112				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	111,109	6,399				73.00
76.00	03020	PAIN CLINIC	0	0				76.00
76.01	03950	ORTHOPEDICS	3	0				76.01
76.02	03140	CARDIOVASCULAR SERVICES	6,981	401				76.02
76.03	03957	CARDIAC REHABILITATION	877	50				76.03
76.04	03190	RADIATION ONCOLOGY	79	5				76.04
76.05	03951	MRI	3,086	177				76.05
76.06	03952	BARIATRIC CENTER	0	0				76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0				76.07
76.08	03953	WOUND CARE	926	53				76.08
76.09	03954	RENAL DIALYSIS	1,058	61				76.09
76.10	03955	INFUSION	8,346	479				76.10
76.11	03956	CARE TRANSITION CENTER	0	0				76.11

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB 4+1	
76.12	03958	ANTICOAGULATION CLINIC	16.00	17.00	22.00	23.00	23.01	
			266	15				76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00	09000	CLINIC	0	0				90.00
90.01	09001	OCC HEALTH CLINIC	0	0				90.01
90.02	09002	CARDIOLOGY CLINIC	0	0				90.02
90.03	09003	SPECIALTY CLINIC	0	0				90.03
91.00	09100	EMERGENCY	39,477	2,267				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0				99.00
99.10	09910	CORF	0	0				99.10
101.00	10100	HOME HEALTH AGENCY	8,496	488				101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	320,988	18,452	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
190.01	19001	CONVENT	0	0				190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0				190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0				190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	0				190.04
190.05	19005	DEVELOPMENT	0	0				190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0				190.06
190.07	19007	IMAGE RECOVERY	0	0				190.07
190.08	19008	FAMILY SERVICES	0	0				190.08
190.09	19009	MDWISE	0	0				190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0				190.10
190.11	19011	CENTER OF HOPE	0	0				190.11
190.12	19012	SELECT	0	0				190.12
190.13	19013	PERCINIAS	0	0				190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01	19201	WORKING WELL	0	0				192.01
193.00	19300	NONPAID WORKERS	0	0				193.00
194.01	07951	REHAB	0	0				194.01
200.00		Cross Foot Adjustments			5,282	0	1,170	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	320,988	18,452	5,282	0	1,170	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description			PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESP THER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT	PARAMED ED PRGM - LAB 3+1	
			23.02	23.03	23.04	23.05	23.06	
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
5.05	00500	OTHER ADMINISTRATIVE AND GENERAL						5.05
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1						23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	763					23.02
23.03	02303	PARAMED ED PRGM - RESP THER		735				23.03
23.04	02304	PARAMED ED PRGM-PHARMACY			5,753			23.04
23.05	02305	PARAMED ED PRGM-EMT				77,757		23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1					290	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT						35.00
40.00	04000	SUBPROVIDER - IPF						40.00
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
45.00	04500	NURSING FACILITY						45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
50.01	05001	OPEN HEART SURGERY						50.01
50.02	05002	OUTPATIENT SURGERY						50.02
51.00	05100	RECOVERY ROOM						51.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES						54.01
54.02	05402	ULTRASOUND						54.02
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
55.01	05501	COMPUTED TOMOGRAPHY						55.01
57.00	05700	CT SCAN						57.00
58.00	05800	MRI						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	06001	BLOOD LABORATORY						60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
63.01	06301	NUCLEAR MEDICINE						63.01
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
76.00	03020	PAIN CLINIC						76.00
76.01	03950	ORTHOPEDICS						76.01
76.02	03140	CARDIOVASCULAR SERVICES						76.02
76.03	03957	CARDIAC REHABILITATION						76.03
76.04	03190	RADIATION ONCOLOGY						76.04
76.05	03951	MRI						76.05
76.06	03952	BARIATRIC CENTER						76.06
76.07	03550	PSYCH ACTIVITY THERAPY						76.07
76.08	03953	WOUND CARE						76.08
76.09	03954	RENAL DIALYSIS						76.09
76.10	03955	INFUSION						76.10
76.11	03956	CARE TRANSITION CENTER						76.11
76.12	03958	ANTICOAGULATION CLINIC						76.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet B
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Cost Center Description		PARAMED ED PRGM - RADIOLOGY 23.02	PARAMED ED PRGM - RESP THER 23.03	PARAMED ED PRGM-PHARMACY 23.04	PARAMED ED PRGM-EMT 23.05	PARAMED ED PRGM - LAB 3+1 23.06	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC						88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000 CLINIC						90.00
90.01	09001 OCC HEALTH CLINIC						90.01
90.02	09002 CARDIOLOGY CLINIC						90.02
90.03	09003 SPECIALTY CLINIC						90.03
91.00	09100 EMERGENCY						91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC						99.00
99.10	09910 CORF						99.10
101.00	10100 HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01	19001 CONVENT						190.01
190.02	19002 HOME MEDICAL EQUIPMENT						190.02
190.03	19003 MEDICAL ARTS BUILDING						190.03
190.04	19004 WOMEN'S HEALTH CENTER						190.04
190.05	19005 DEVELOPMENT						190.05
190.06	19006 NEUROSURGERY PROF SERVICES						190.06
190.07	19007 IMAGE RECOVERY						190.07
190.08	19008 FAMILY SERVICES						190.08
190.09	19009 MDWISE						190.09
190.10	19010 CATHERINE MCAULEY CLINIC						190.10
190.11	19011 CENTER OF HOPE						190.11
190.12	19012 SELECT						190.12
190.13	19013 PERCINIAS						190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201 WORKING WELL						192.01
193.00	19300 NONPAID WORKERS						193.00
194.01	07951 REHAB						194.01
200.00	Cross Foot Adjustments	763	735	5,753	77,757	290	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	763	735	5,753	77,757	290	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	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
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL				5.05
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1				23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY				23.02
23.03	02303	PARAMED ED PRGM - RESP THER				23.03
23.04	02304	PARAMED ED PRGM-PHARMACY				23.04
23.05	02305	PARAMED ED PRGM-EMT				23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1				23.06
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,522,362	0	3,522,362	30.00
31.00	03100	INTENSIVE CARE UNIT	649,942	0	649,942	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	85,358	0	85,358	35.00
40.00	04000	SUBPROVIDER - IPF	68,726	0	68,726	40.00
43.00	04300	NURSERY	14,539	0	14,539	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	875,084	0	875,084	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	692,910	0	692,910	50.02
51.00	05100	RECOVERY ROOM	72,660	0	72,660	51.00
53.00	05300	ANESTHESIOLOGY	164,891	0	164,891	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	738,978	0	738,978	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	235,588	0	235,588	54.01
54.02	05402	ULTRASOUND	233,858	0	233,858	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	436,306	0	436,306	55.01
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	280,547	0	280,547	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	582	0	582	63.00
63.01	06301	NUCLEAR MEDICINE	87,799	0	87,799	63.01
65.00	06500	RESPIRATORY THERAPY	277,624	0	277,624	65.00
66.00	06600	PHYSICAL THERAPY	269,511	0	269,511	66.00
67.00	06700	OCCUPATIONAL THERAPY	31,361	0	31,361	67.00
68.00	06800	SPEECH PATHOLOGY	75,603	0	75,603	68.00
69.00	06900	ELECTROCARDIOLOGY	170,039	0	170,039	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	48,231	0	48,231	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	271,566	0	271,566	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	87,431	0	87,431	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	420,693	0	420,693	73.00
76.00	03020	PAIN CLINIC	0	0	0	76.00
76.01	03950	ORTHOPEDICS	15,273	0	15,273	76.01
76.02	03140	CARDIOVASCULAR SERVICES	306,614	0	306,614	76.02
76.03	03957	CARDIAC REHABILITATION	84,364	0	84,364	76.03
76.04	03190	RADIATION ONCOLOGY	348,634	0	348,634	76.04
76.05	03951	MRI	81,501	0	81,501	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	15,384	0	15,384	76.07
76.08	03953	WOUND CARE	115,395	0	115,395	76.08
76.09	03954	RENAL DIALYSIS	213,835	0	213,835	76.09
76.10	03955	INFUSION	120,174	0	120,174	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	76.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
76.12	03958	ANTICOAGULATION CLINIC	4,144	0	4,144	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	795	0	795	90.01
90.02	09002	CARDIOLOGY CLINIC	50	0	50	90.02
90.03	09003	SPECIALTY CLINIC	552	0	552	90.03
91.00	09100	EMERGENCY	638,779	0	638,779	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	317,970	0	317,970	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,075,653	0	12,075,653	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	23,150	0	23,150	190.00
190.01	19001	CONVENT	115	0	115	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	761	0	761	190.03
190.04	19004	WOMEN'S HEALTH CENTER	19,358	0	19,358	190.04
190.05	19005	DEVELOPMENT	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	1,402	0	1,402	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	190.10
190.11	19011	CENTER OF HOPE	9,905	0	9,905	190.11
190.12	19012	SELECT	0	0	0	190.12
190.13	19013	PERCINIAS	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	107,931	0	107,931	192.00
192.01	19201	WORKING WELL	40,947	0	40,947	192.01
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.01	07951	REHAB	362,207	0	362,207	194.01
200.00		Cross Foot Adjustments	91,750	0	91,750	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	12,733,179	0	12,733,179	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A.05	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	603,986					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,113,199				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,901	8,605	80,879,147			4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	57,760	128,408	13,346,560	-30,752,460	169,818,817	5.05
6.00	00600	MAINTENANCE & REPAIRS	43,286	87,716	1,065,759	0	5,397,142	6.00
7.00	00700	OPERATION OF PLANT	28,493	5,584	1,174,250	0	8,513,650	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	754	62,439	0	0	555,554	8.00
9.00	00900	HOUSEKEEPING	11,001	19,411	1,507,227	0	2,576,295	9.00
10.00	01000	DIETARY	11,490	11,505	304,518	0	512,451	10.00
11.00	01100	CAFETERIA	6,670	0	783,573	0	868,327	11.00
13.00	01300	NURSING ADMINISTRATION	7,398	90,156	3,999,188	0	5,898,637	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,673	74,503	252,236	0	1,240,691	14.00
15.00	01500	PHARMACY	6,398	6,332	2,707,972	0	4,982,869	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18,953	1,157	224,832	0	1,537,364	16.00
17.00	01700	SOCIAL SERVICE	1,124	0	0	0	15,018	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	52,773	0	888,721	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1	0	0	82,478	0	169,117	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	66,859	0	99,154	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	0	0	70,638	0	96,234	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	548,300	0	714,972	23.04
23.05	02305	PARAMED ED PRGM-EMT	4,716	0	16,017	0	109,816	23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1	0	0	0	0	50,569	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	130,330	561,792	15,653,981	0	24,582,791	30.00
31.00	03100	INTENSIVE CARE UNIT	19,248	157,361	2,431,866	0	3,667,328	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	38,086	913,609	0	1,758,336	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	3,047,962	0	6,561,765	40.00
43.00	04300	NURSERY	0	0	1,043,918	0	1,624,946	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,588	162,022	975,955	0	2,248,114	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	27,948	142,159	879,215	0	1,760,955	50.02
51.00	05100	RECOVERY ROOM	0	42,367	345,418	0	505,852	51.00
53.00	05300	ANESTHESIOLOGY	0	95,589	58,398	0	2,858,978	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,909	294,414	1,052,372	0	2,000,860	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	4,082	101,845	687,145	0	1,099,413	54.01
54.02	05402	ULTRASOUND	2,032	126,791	466,486	0	826,162	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	2,079	252,283	434,669	0	1,034,998	55.01
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	13,880	337	0	0	5,410,310	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	64	63.00
63.01	06301	NUCLEAR MEDICINE	2,748	25,257	264,651	0	451,234	63.01
65.00	06500	RESPIRATORY THERAPY	5,514	109,769	1,420,599	0	2,336,216	65.00
66.00	06600	PHYSICAL THERAPY	14,266	3,403	2,479,136	0	3,486,330	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,318	727	653,160	0	865,010	67.00
68.00	06800	SPEECH PATHOLOGY	4,084	2,931	317,372	0	482,538	68.00
69.00	06900	ELECTROCARDIOLOGY	2,295	80,456	409,467	0	733,060	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,864	10,413	72,477	0	143,218	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	5,946,087	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,078,158	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	26,980,527	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	925	40	0	0	12,716	76.01
76.02	03140	CARDIOVASCULAR SERVICES	8,144	100,674	955,925	0	1,329,786	76.02
76.03	03957	CARDIAC REHABILITATION	1,754	31,517	458,474	0	666,140	76.03
76.04	03190	RADIATION ONCOLOGY	18,277	32,127	10,634	0	305,905	76.04
76.05	03951	MRI	4,002	7,168	157,433	0	289,780	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	2,686,273	76.07
76.08	03953	WOUND CARE	6,535	1,567	203,326	0	363,481	76.08
76.09	03954	RENAL DIALYSIS	12,621	0	498,333	0	1,077,112	76.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A.05	5.05	
76.10	03955	INFUSION	664	32,979	2,479,382	0	3,944,175	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	0	0	350,351	0	511,032	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	109,795	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	8,667	90.02
90.03	09003	SPECIALTY CLINIC	0	0	45,448	0	64,574	90.03
91.00	09100	EMERGENCY	15,593	136,762	10,225,327	0	14,045,761	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	11,759	23,125	5,126,161	0	8,230,795	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	577,076	3,069,777	80,321,830	-30,752,460	168,315,823	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,354	181	23,677	0	110,626	190.00
190.01	19001	CONVENT	0	0	0	0	20,052	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	132,799	190.03
190.04	19004	WOMEN'S HEALTH CENTER	1,148	0	43,028	0	71,084	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	106,566	0	223,487	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	-15	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	-2,021	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011	CENTER OF HOPE	503	716	35,713	0	58,693	190.11
190.12	19012	SELECT	0	0	0	0	0	190.12
190.13	19013	PERCINIAS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,198	0	50,248	521,433	0	192.00
192.01	19201	WORKING WELL	0	24,277	298,085	0	619,364	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	17,707	18,248	0	0	266,889	194.01
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)	8,069,825	4,663,354	22,329,500		30,752,460	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.360947	1.497930	0.276085		0.181090	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			51,650		972,602	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000639		0.005727	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: 15-0004

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

Worksheet B-1

Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
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
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS	500,039				6.00
7.00	00700	OPERATION OF PLANT	28,493	471,546			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	754	754	531,945		8.00
9.00	00900	HOUSEKEEPING	11,001	11,001	0	459,791	9.00
10.00	01000	DIETARY	11,490	11,490	0	11,490	10.00
11.00	01100	CAFETERIA	6,670	6,670	0	6,670	11.00
13.00	01300	NURSING ADMINISTRATION	7,398	7,398	0	7,398	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,673	10,673	0	10,673	14.00
15.00	01500	PHARMACY	6,398	6,398	0	6,398	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18,953	18,953	0	18,953	16.00
17.00	01700	SOCIAL SERVICE	1,124	1,124	0	1,124	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-EMT	4,716	4,716	0	4,716	23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	130,330	130,330	373,482	130,330	30.00
31.00	03100	INTENSIVE CARE UNIT	19,248	19,248	60,156	19,248	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	8,764	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	17,230	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,588	36,588	0	36,588	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	27,948	27,948	0	27,948	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,909	16,909	0	16,909	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	4,082	4,082	0	4,082	54.01
54.02	05402	ULTRASOUND	2,032	2,032	0	2,032	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	2,079	2,079	0	2,079	55.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	13,880	13,880	0	13,880	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	2,748	2,748	0	2,748	63.01
65.00	06500	RESPIRATORY THERAPY	5,514	5,514	0	5,514	65.00
66.00	06600	PHYSICAL THERAPY	14,266	14,266	0	14,266	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,318	1,318	0	1,318	67.00
68.00	06800	SPEECH PATHOLOGY	4,084	4,084	0	4,084	68.00
69.00	06900	ELECTROCARDIOLOGY	2,295	2,295	0	2,295	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,864	1,864	0	1,864	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	925	925	0	925	76.01
76.02	03140	CARDIOVASCULAR SERVICES	8,144	8,144	0	8,144	76.02
76.03	03957	CARDIAC REHABILITATION	1,754	1,754	0	1,754	76.03
76.04	03190	RADIATION ONCOLOGY	18,277	18,277	0	18,277	76.04
76.05	03951	MRI	4,002	4,002	0	4,002	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	76.07
76.08	03953	WOUND CARE	6,535	6,535	0	6,535	76.08
76.09	03954	RENAL DIALYSIS	12,621	12,621	0	12,621	76.09
76.10	03955	INFUSION	664	664	0	664	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	0	0	0	0	76.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	15,593	15,593	0	15,593	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	11,759	11,759	0	11,759	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	473,129	444,636	459,632	432,881	134,823	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,354	1,354	0	1,354	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	1,148	1,148	0	1,148	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	503	503	0	503	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINIAS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	6,198	6,198	0	6,198	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	17,707	17,707	72,313	17,707	22,038	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,374,510	10,418,617	682,430	3,426,140	1,091,211	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.748026	22.094593	1.282896	7.451516	6.956548	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	741,324	480,807	108,672	219,303	208,111	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.482532	1.019640	0.204292	0.476962	1.326722	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: 15-0004

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

Worksheet B-1

Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description			CAFETERIA (PROD HOURS)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
			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
5.05	00500	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,444,892					11.00
13.00	01300	NURSING ADMINISTRATION	94,574	510,255				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,687	604	100			14.00
15.00	01500	PHARMACY	54,567	0	0	100		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,745	0	0	0	768,712,347	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,000	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1	1,872	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	1,913	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	1,760	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	16,508	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-EMT	732	0	0	0	0	23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1	0	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	435,723	195,432	0	0	53,936,050	30.00
31.00	03100	INTENSIVE CARE UNIT	70,931	50,864	0	0	11,411,060	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	20,883	16,623	0	0	2,037,154	35.00
40.00	04000	SUBPROVIDER - IPF	0	35,846	0	0	18,418,511	40.00
43.00	04300	NURSERY	0	0	0	0	2,365,548	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,434	10,421	0	0	28,287,850	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	20,303	14,912	0	0	5,153,970	50.02
51.00	05100	RECOVERY ROOM	8,219	5,700	0	0	4,703,008	51.00
53.00	05300	ANESTHESIOLOGY	3,141	0	0	0	11,415,159	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,711	514	0	0	11,991,940	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	16,497	6,251	0	0	10,445,946	54.01
54.02	05402	ULTRASOUND	10,116	351	0	0	10,623,110	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	12,310	77	0	0	38,932,555	55.01
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	50,353,480	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,315,775	63.00
63.01	06301	NUCLEAR MEDICINE	5,152	0	0	0	4,302,675	63.01
65.00	06500	RESPIRATORY THERAPY	40,369	0	0	0	12,698,112	65.00
66.00	06600	PHYSICAL THERAPY	63,323	3,473	0	0	6,109,694	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,194	0	0	0	5,067,787	67.00
68.00	06800	SPEECH PATHOLOGY	7,064	0	0	0	2,157,761	68.00
69.00	06900	ELECTROCARDIOLOGY	14,308	191	0	0	14,291,047	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,813	1,459	0	0	695,335	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	77	0	24,237,927	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	23	0	4,653,750	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	100	266,613,881	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	56	32	0	0	6,140	76.01
76.02	03140	CARDIOVASCULAR SERVICES	22,114	9,151	0	0	16,699,853	76.02
76.03	03957	CARDIAC REHABILITATION	11,837	4,291	0	0	2,096,973	76.03
76.04	03190	RADIATION ONCOLOGY	65	25	0	0	189,682	76.04
76.05	03951	MRI	4,047	43	0	0	7,383,500	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953	WOUND CARE	8,120	4,139	0	0	2,215,064	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	0	2,530,800	76.09
76.10	03955	INFUSION	66,713	36,840	0	0	19,965,584	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0	76.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description			CAFETERIA (PROD HOURS)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
			11.00	13.00	14.00	15.00	16.00	
76.12	03958	ANTICOAGULATION CLINIC	8,984	0	0	0	636,530	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	2,092	0	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	1,930	0	0	0	0	90.03
91.00	09100	EMERGENCY	143,950	66,400	0	0	94,442,665	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	139,769	35,264	0	0	20,326,471	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,427,526	498,903	100	100	768,712,347	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,322	0	0	0	0	190.00
190.01	19001	CONVENT	0	0	0	0	0	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004	WOMEN'S HEALTH CENTER	2,080	0	0	0	0	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	685	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011	CENTER OF HOPE	836	319	0	0	0	190.11
190.12	19012	SELECT	0	0	0	0	0	190.12
190.13	19013	PERCINIAS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,775	11,033	0	0	0	192.00
192.01	19201	WORKING WELL	10,668	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	0	0	0	0	0	194.01
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)	1,307,674	7,365,305	1,936,069	6,205,200	2,624,375	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.905032	14.434557	19,360.690000	62,052.000000	0.003414	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	114,462	299,759	294,545	148,619	320,988	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.079218	0.587469	2,945.450000	1,486.190000	0.000418	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: 15-0004

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

Worksheet B-1

Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description			SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED PRGM - LAB 4+1 (ASSIGNED TIME)	PARAMED ED PRGM - RADIOLOGY (ASSIGNED TIME)	
			17.00	22.00	23.00	23.01	23.02	
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
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
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	768,712,347					17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	100				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0		100			23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1	0			100		23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0				100	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	0					23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0					23.04
23.05	02305	PARAMED ED PRGM-EMT	0					23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1	0					23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	53,936,050	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	11,411,060	0	0	0	0	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	2,037,154	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	18,418,511	0	0	0	0	40.00
43.00	04300	NURSERY	2,365,548	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,287,850	0	0	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	5,153,970	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	4,703,008	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	11,415,159	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,991,940	0	0	0	95	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	10,445,946	0	0	0	2	54.01
54.02	05402	ULTRASOUND	10,623,110	0	0	0	1	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	38,932,555	0	0	0	2	55.01
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	50,353,480	0	0	82	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,315,775	0	0	16	0	63.00
63.01	06301	NUCLEAR MEDICINE	4,302,675	0	0	2	0	63.01
65.00	06500	RESPIRATORY THERAPY	12,698,112	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,109,694	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,067,787	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,157,761	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	14,291,047	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	695,335	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	24,237,927	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,653,750	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	266,613,881	0	100	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	6,140	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	16,699,853	0	0	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	2,096,973	0	0	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	189,682	0	0	0	0	76.04
76.05	03951	MRI	7,383,500	0	0	0	0	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953	WOUND CARE	2,215,064	0	0	0	0	76.08
76.09	03954	RENAL DIALYSIS	2,530,800	0	0	0	0	76.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description			SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED PRGM - LAB 4+1 (ASSIGNED TIME)	PARAMED ED PRGM - RADIOLOGY (ASSIGNED TIME)	
			17.00	22.00	23.00	23.01	23.02	
76.10	03955	INFUSION	19,965,584	0	0	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	636,530	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	94,442,665	100	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	20,326,471	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	768,712,347	100	100	100	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	CONVENT	0	0	0	0	0	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011	CENTER OF HOPE	0	0	0	0	0	190.11
190.12	19012	SELECT	0	0	0	0	0	190.12
190.13	19013	PERCINIAS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	0	0	0	0	0	194.01
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)	65,277	1,051,469	0	201,436	118,841	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000085	10,514.690000	0.000000	2,014.360000	1,188.410000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	18,452	5,282	0	1,170	763	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000024	52.820000	0.000000	11.700000	7.630000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description			PARAMED ED PRGM - RESP THER (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM-EMT (ASSIGNED TIME)	PARAMED ED PRGM - LAB 3+1 (ASSIGNED TIME)	
			23.03	23.04	23.05	23.06	
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
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1					23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY					23.02
23.03	02303	PARAMED ED PRGM - RESP THER	100				23.03
23.04	02304	PARAMED ED PRGM-PHARMACY		100			23.04
23.05	02305	PARAMED ED PRGM-EMT			100		23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1				100	23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0	0	0	55.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	0	0	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	100	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	0	0	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	0	76.04
76.05	03951	MRI	0	0	0	0	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	76.07
76.08	03953	WOUND CARE	0	0	0	0	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	0	76.09
76.10	03955	INFUSION	0	0	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	76.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description			PARAMED ED PRGM - RESP THER (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM-EMT (ASSIGNED TIME)	PARAMED ED PRGM - LAB 3+1 (ASSIGNED TIME)	
			23.03	23.04	23.05	23.06	
76.12	03958	ANTICOAGULATION CLINIC	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	100	100	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	100	100	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	CONVENT	0	0	0	0	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	0	0	0	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	0	190.10
190.11	19011	CENTER OF HOPE	0	0	0	0	190.11
190.12	19012	SELECT	0	0	0	0	190.12
190.13	19013	PERCINIAS	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.01	07951	REHAB	0	0	0	0	194.01
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)	115,254	859,386	329,824	59,727	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,152.540000	8,593.860000	3,298.240000	597.270000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	735	5,753	77,757	290	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	7.350000	57.530000	777.570000	2.900000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
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				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	39,221,659		39,221,659	4,945	39,226,604	30.00	
31.00	03100	INTENSIVE CARE UNIT	6,188,544		6,188,544	16,108	6,204,652	31.00	
35.00	02040	NEWBORN INTENSIVE CARE UNIT	2,372,551		2,372,551	1,824	2,374,375	35.00	
40.00	04000	SUBPROVIDER - IPF	8,331,903		8,331,903	0	8,331,903	40.00	
43.00	04300	NURSERY	1,949,588		1,949,588	0	1,949,588	43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00	
45.00	04500	NURSING FACILITY	0		0	0	0	45.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	4,479,629		4,479,629	3,181	4,482,810	50.00	
50.01	05001	OPEN HEART SURGERY	0		0	0	0	50.01	
50.02	05002	OUTPATIENT SURGERY	3,513,540		3,513,540	0	3,513,540	50.02	
51.00	05100	RECOVERY ROOM	703,628		703,628	0	703,628	51.00	
53.00	05300	ANESTHESIOLOGY	3,419,494		3,419,494	0	3,419,494	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,285,614		3,285,614	0	3,285,614	54.00	
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	1,615,237		1,615,237	0	1,615,237	54.01	
54.02	05402	ULTRASOUND	1,114,293		1,114,293	0	1,114,293	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00	
55.01	05501	COMPUTED TOMOGRAPHY	1,461,210		1,461,210	0	1,461,210	55.01	
57.00	05700	CT SCAN	0		0	0	0	57.00	
58.00	05800	MRI	0		0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00	
60.00	06000	LABORATORY	7,318,470		7,318,470	1,995	7,320,465	60.00	
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	36,910		36,910	0	36,910	63.00	
63.01	06301	NUCLEAR MEDICINE	672,920		672,920	0	672,920	63.01	
65.00	06500	RESPIRATORY THERAPY	3,188,711	0	3,188,711	1,653	3,190,364	65.00	
66.00	06600	PHYSICAL THERAPY	4,849,853	0	4,849,853	13,657	4,863,510	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,107,977	0	1,107,977	0	1,107,977	67.00	
68.00	06800	SPEECH PATHOLOGY	756,593	0	756,593	0	756,593	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,028,586		1,028,586	0	1,028,586	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	273,123		273,123	646	273,769	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,598,445		8,598,445	0	8,598,445	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,097,162		4,097,162	0	4,097,162	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	39,863,796		39,863,796	0	39,863,796	73.00	
76.00	03020	PAIN CLINIC	0		0	0	0	76.00	
76.01	03950	ORTHOPEDICS	54,676		54,676	0	54,676	76.01	
76.02	03140	CARDIOVASCULAR SERVICES	2,125,577		2,125,577	7,632	2,133,209	76.02	
76.03	03957	CARDIAC REHABILITATION	940,944		940,944	0	940,944	76.03	
76.04	03190	RADIATION ONCOLOGY	1,135,395		1,135,395	0	1,135,395	76.04	
76.05	03951	MRI	541,637		541,637	0	541,637	76.05	
76.06	03952	BARIATRIC CENTER	0		0	0	0	76.06	
76.07	03550	PSYCH ACTIVITY THERAPY	3,172,730		3,172,730	0	3,172,730	76.07	
76.08	03953	WOUND CARE	780,540		780,540	1,024	781,564	76.08	
76.09	03954	RENAL DIALYSIS	1,814,816		1,814,816	0	1,814,816	76.09	
76.10	03955	INFUSION	5,348,516		5,348,516	17,630	5,366,146	76.10	
76.11	03956	CARE TRANSITION CENTER	0		0	0	0	76.11	
76.12	03958	ANTICOAGULATION CLINIC	613,933		613,933	16,418	630,351	76.12	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00	
90.00	09000	CLINIC	0		0	0	0	90.00	
90.01	09001	OCC HEALTH CLINIC	131,571		131,571	0	131,571	90.01	
90.02	09002	CARDIOLOGY CLINIC	10,237		10,237	0	10,237	90.02	
90.03	09003	SPECIALTY CLINIC	78,015		78,015	0	78,015	90.03	
91.00	09100	EMERGENCY	19,057,540		19,057,540	17,735	19,075,275	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,240,867		10,240,867	0	10,240,867	92.00	
OTHER REIMBURSABLE COST CENTERS									
99.00	09900	CMHC	0		0	0	0	99.00	
99.10	09910	CORF	0		0	0	0	99.10	
101.00	10100	HOME HEALTH AGENCY	10,925,284		10,925,284	0	10,925,284	101.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	206,421,714	0	206,421,714	104,448	206,526,162	200.00	
201.00		Less Observation Beds	10,240,867		10,240,867	0	10,240,867	201.00	
202.00		Total (see instructions)	196,180,847	0	196,180,847	104,448	196,285,295	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
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			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	39,968,737		39,968,737		30.00
31.00	03100	INTENSIVE CARE UNIT	11,411,060		11,411,060		31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	2,037,154		2,037,154		35.00
40.00	04000	SUBPROVIDER - IPF	18,418,511		18,418,511		40.00
43.00	04300	NURSERY	2,365,548		2,365,548		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,151,300	18,136,550	28,287,850	0.158359	0.000000
50.01	05001	OPEN HEART SURGERY	0	0	0	0.000000	0.000000
50.02	05002	OUTPATIENT SURGERY	2,015,700	3,138,270	5,153,970	0.681715	0.000000
51.00	05100	RECOVERY ROOM	1,353,686	3,349,322	4,703,008	0.149612	0.000000
53.00	05300	ANESTHESIOLOGY	4,293,399	7,121,760	11,415,159	0.299557	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,488,821	8,503,119	11,991,940	0.273985	0.000000
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	4,459,790	5,986,156	10,445,946	0.154628	0.000000
54.02	05402	ULTRASOUND	3,060,059	7,563,051	10,623,110	0.104893	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000
55.01	05501	COMPUTED TOMOGRAPHY	11,944,760	26,987,795	38,932,555	0.037532	0.000000
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000
58.00	05800	MRI	0	0	0	0.000000	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000
60.00	06000	LABORATORY	24,030,624	26,322,856	50,353,480	0.145342	0.000000
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	932,961	382,814	1,315,775	0.028052	0.000000
63.01	06301	NUCLEAR MEDICINE	1,315,055	2,987,620	4,302,675	0.156396	0.000000
65.00	06500	RESPIRATORY THERAPY	11,264,114	1,433,998	12,698,112	0.251117	0.000000
66.00	06600	PHYSICAL THERAPY	4,270,363	1,839,331	6,109,694	0.793796	0.000000
67.00	06700	OCCUPATIONAL THERAPY	4,173,548	894,239	5,067,787	0.218631	0.000000
68.00	06800	SPEECH PATHOLOGY	1,739,251	418,510	2,157,761	0.350638	0.000000
69.00	06900	ELECTROCARDIOLOGY	6,732,746	7,558,301	14,291,047	0.071974	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	695,335	695,335	0.392793	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,246,286	10,991,641	24,237,927	0.354752	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,805,578	1,848,172	4,653,750	0.880400	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	23,057,366	243,556,515	266,613,881	0.149519	0.000000
76.00	03020	PAIN CLINIC	0	0	0	0.000000	0.000000
76.01	03950	ORTHOPEDICS	350	5,790	6,140	8.904886	0.000000
76.02	03140	CARDIOVASCULAR SERVICES	11,731,540	4,968,313	16,699,853	0.127281	0.000000
76.03	03957	CARDIAC REHABILITATION	474,464	1,622,509	2,096,973	0.448715	0.000000
76.04	03190	RADIATION ONCOLOGY	0	189,682	189,682	5.985781	0.000000
76.05	03951	MRI	2,942,500	4,441,000	7,383,500	0.073358	0.000000
76.06	03952	BARIATRIC CENTER	0	0	0	0.000000	0.000000
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0.000000	0.000000
76.08	03953	WOUND CARE	30,810	2,184,254	2,215,064	0.352378	0.000000
76.09	03954	RENAL DIALYSIS	2,042,400	488,400	2,530,800	0.717092	0.000000
76.10	03955	INFUSION	16,015	19,949,569	19,965,584	0.267887	0.000000
76.11	03956	CARE TRANSITION CENTER	0	0	0	0.000000	0.000000
76.12	03958	ANTICOAGULATION CLINIC	690	635,840	636,530	0.964500	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000
90.01	09001	OCC HEALTH CLINIC	0	0	0	0.000000	0.000000
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0.000000	0.000000
90.03	09003	SPECIALTY CLINIC	0	0	0	0.000000	0.000000
91.00	09100	EMERGENCY	21,182,052	73,260,613	94,442,665	0.201790	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	13,967,313	13,967,313	0.733202	0.000000
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	20,326,471	20,326,471		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	246,957,238	521,755,109	768,712,347		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	246,957,238	521,755,109	768,712,347		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0004

Period:
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.158471		50.00
50.01	05001	OPEN HEART SURGERY	0.000000		50.01
50.02	05002	OUTPATIENT SURGERY	0.681715		50.02
51.00	05100	RECOVERY ROOM	0.149612		51.00
53.00	05300	ANESTHESIOLOGY	0.299557		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.273985		54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.154628		54.01
54.02	05402	ULTRASOUND	0.104893		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.037532		55.01
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	0.145382		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.028052		63.00
63.01	06301	NUCLEAR MEDICINE	0.156396		63.01
65.00	06500	RESPIRATORY THERAPY	0.251247		65.00
66.00	06600	PHYSICAL THERAPY	0.796032		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.218631		67.00
68.00	06800	SPEECH PATHOLOGY	0.350638		68.00
69.00	06900	ELECTROCARDIOLOGY	0.071974		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.393722		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.354752		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.880400		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.149519		73.00
76.00	03020	PAIN CLINIC	0.000000		76.00
76.01	03950	ORTHOPEDICS	8.904886		76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.127738		76.02
76.03	03957	CARDIAC REHABILITATION	0.448715		76.03
76.04	03190	RADIATION ONCOLOGY	5.985781		76.04
76.05	03951	MRI	0.073358		76.05
76.06	03952	BARIATRIC CENTER	0.000000		76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000		76.07
76.08	03953	WOUND CARE	0.352840		76.08
76.09	03954	RENAL DIALYSIS	0.717092		76.09
76.10	03955	INFUSION	0.268770		76.10
76.11	03956	CARE TRANSITION CENTER	0.000000		76.11
76.12	03958	ANTICOAGULATION CLINIC	0.990293		76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OCC HEALTH CLINIC	0.000000		90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000		90.02
90.03	09003	SPECIALTY CLINIC	0.000000		90.03
91.00	09100	EMERGENCY	0.201977		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.733202		92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/16/2020 12:16 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	39,221,659		39,221,659	4,945	39,226,604
31.00	03100	INTENSIVE CARE UNIT	6,188,544		6,188,544	16,108	6,204,652
35.00	02040	NEWBORN INTENSIVE CARE UNIT	2,372,551		2,372,551	1,824	2,374,375
40.00	04000	SUBPROVIDER - IPF	8,331,903		8,331,903	0	8,331,903
43.00	04300	NURSERY	1,949,588		1,949,588	0	1,949,588
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0
45.00	04500	NURSING FACILITY	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,479,629		4,479,629	3,181	4,482,810
50.01	05001	OPEN HEART SURGERY	0		0	0	0
50.02	05002	OUTPATIENT SURGERY	3,513,540		3,513,540	0	3,513,540
51.00	05100	RECOVERY ROOM	703,628		703,628	0	703,628
53.00	05300	ANESTHESIOLOGY	3,419,494		3,419,494	0	3,419,494
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,285,614		3,285,614	0	3,285,614
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	1,615,237		1,615,237	0	1,615,237
54.02	05402	ULTRASOUND	1,114,293		1,114,293	0	1,114,293
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0
55.01	05501	COMPUTED TOMOGRAPHY	1,461,210		1,461,210	0	1,461,210
57.00	05700	CT SCAN	0		0	0	0
58.00	05800	MRI	0		0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0
60.00	06000	LABORATORY	7,318,470		7,318,470	1,995	7,320,465
60.01	06001	BLOOD LABORATORY	0		0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	36,910		36,910	0	36,910
63.01	06301	NUCLEAR MEDICINE	672,920		672,920	0	672,920
65.00	06500	RESPIRATORY THERAPY	3,188,711	0	3,188,711	1,653	3,190,364
66.00	06600	PHYSICAL THERAPY	4,849,853	0	4,849,853	13,657	4,863,510
67.00	06700	OCCUPATIONAL THERAPY	1,107,977	0	1,107,977	0	1,107,977
68.00	06800	SPEECH PATHOLOGY	756,593	0	756,593	0	756,593
69.00	06900	ELECTROCARDIOLOGY	1,028,586		1,028,586	0	1,028,586
70.00	07000	ELECTROENCEPHALOGRAPHY	273,123		273,123	646	273,769
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,598,445		8,598,445	0	8,598,445
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,097,162		4,097,162	0	4,097,162
73.00	07300	DRUGS CHARGED TO PATIENTS	39,863,796		39,863,796	0	39,863,796
76.00	03020	PAIN CLINIC	0		0	0	0
76.01	03950	ORTHOPEDICS	54,676		54,676	0	54,676
76.02	03140	CARDIOVASCULAR SERVICES	2,125,577		2,125,577	7,632	2,133,209
76.03	03957	CARDIAC REHABILITATION	940,944		940,944	0	940,944
76.04	03190	RADIATION ONCOLOGY	1,135,395		1,135,395	0	1,135,395
76.05	03951	MRI	541,637		541,637	0	541,637
76.06	03952	BARIATRIC CENTER	0		0	0	0
76.07	03550	PSYCH ACTIVITY THERAPY	3,172,730		3,172,730	0	3,172,730
76.08	03953	WOUND CARE	780,540		780,540	1,024	781,564
76.09	03954	RENAL DIALYSIS	1,814,816		1,814,816	0	1,814,816
76.10	03955	INFUSION	5,348,516		5,348,516	17,630	5,366,146
76.11	03956	CARE TRANSITION CENTER	0		0	0	0
76.12	03958	ANTICOAGULATION CLINIC	613,933		613,933	16,418	630,351
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	0		0	0	0
90.01	09001	OCC HEALTH CLINIC	131,571		131,571	0	131,571
90.02	09002	CARDIOLOGY CLINIC	10,237		10,237	0	10,237
90.03	09003	SPECIALTY CLINIC	78,015		78,015	0	78,015
91.00	09100	EMERGENCY	19,057,540		19,057,540	17,735	19,075,275
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,240,867		10,240,867	0	10,240,867
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0		0	0	0
99.10	09910	CORF	0		0	0	0
101.00	10100	HOME HEALTH AGENCY	10,925,284		10,925,284	0	10,925,284
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
200.00		Subtotal (see instructions)	206,421,714	0	206,421,714	104,448	206,526,162
201.00		Less Observation Beds	10,240,867		10,240,867	0	10,240,867
202.00		Total (see instructions)	196,180,847	0	196,180,847	104,448	196,285,295

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/16/2020 12:16 pm

			Title XIX			Hospital	Cost
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	39,968,737		39,968,737		30.00
31.00	03100	INTENSIVE CARE UNIT	11,411,060		11,411,060		31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	2,037,154		2,037,154		35.00
40.00	04000	SUBPROVIDER - IPF	18,418,511		18,418,511		40.00
43.00	04300	NURSERY	2,365,548		2,365,548		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,151,300	18,136,550	28,287,850	0.158359	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0.000000	50.01
50.02	05002	OUTPATIENT SURGERY	2,015,700	3,138,270	5,153,970	0.681715	50.02
51.00	05100	RECOVERY ROOM	1,353,686	3,349,322	4,703,008	0.149612	51.00
53.00	05300	ANESTHESIOLOGY	4,293,399	7,121,760	11,415,159	0.299557	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,488,821	8,503,119	11,991,940	0.273985	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	4,459,790	5,986,156	10,445,946	0.154628	54.01
54.02	05402	ULTRASOUND	3,060,059	7,563,051	10,623,110	0.104893	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
55.01	05501	COMPUTED TOMOGRAPHY	11,944,760	26,987,795	38,932,555	0.037532	55.01
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	24,030,624	26,322,856	50,353,480	0.145342	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	932,961	382,814	1,315,775	0.028052	63.00
63.01	06301	NUCLEAR MEDICINE	1,315,055	2,987,620	4,302,675	0.156396	63.01
65.00	06500	RESPIRATORY THERAPY	11,264,114	1,433,998	12,698,112	0.251117	65.00
66.00	06600	PHYSICAL THERAPY	4,270,363	1,839,331	6,109,694	0.793796	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,173,548	894,239	5,067,787	0.218631	67.00
68.00	06800	SPEECH PATHOLOGY	1,739,251	418,510	2,157,761	0.350638	68.00
69.00	06900	ELECTROCARDIOLOGY	6,732,746	7,558,301	14,291,047	0.071974	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	695,335	695,335	0.392793	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,246,286	10,991,641	24,237,927	0.354752	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,805,578	1,848,172	4,653,750	0.880400	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,057,366	243,556,515	266,613,881	0.149519	73.00
76.00	03020	PAIN CLINIC	0	0	0	0.000000	76.00
76.01	03950	ORTHOPEDICS	350	5,790	6,140	8.904886	76.01
76.02	03140	CARDIOVASCULAR SERVICES	11,731,540	4,968,313	16,699,853	0.127281	76.02
76.03	03957	CARDIAC REHABILITATION	474,464	1,622,509	2,096,973	0.448715	76.03
76.04	03190	RADIATION ONCOLOGY	0	189,682	189,682	5.985781	76.04
76.05	03951	MRI	2,942,500	4,441,000	7,383,500	0.073358	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0.000000	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0.000000	76.07
76.08	03953	WOUND CARE	30,810	2,184,254	2,215,064	0.352378	76.08
76.09	03954	RENAL DIALYSIS	2,042,400	488,400	2,530,800	0.717092	76.09
76.10	03955	INFUSION	16,015	19,949,569	19,965,584	0.267887	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0.000000	76.11
76.12	03958	ANTICOAGULATION CLINIC	690	635,840	636,530	0.964500	76.12
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0.000000	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0.000000	90.02
90.03	09003	SPECIALTY CLINIC	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	21,182,052	73,260,613	94,442,665	0.201790	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	13,967,313	13,967,313	0.733202	92.00
	OTHER REIMBURSABLE COST CENTERS						
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	20,326,471	20,326,471		101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	246,957,238	521,755,109	768,712,347		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	246,957,238	521,755,109	768,712,347		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT				35.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.158471			50.00
50.01	05001	OPEN HEART SURGERY	0.000000			50.01
50.02	05002	OUTPATIENT SURGERY	0.681715			50.02
51.00	05100	RECOVERY ROOM	0.149612			51.00
53.00	05300	ANESTHESIOLOGY	0.299557			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.273985			54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.154628			54.01
54.02	05402	ULTRASOUND	0.104893			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.037532			55.01
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	0.145382			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.028052			63.00
63.01	06301	NUCLEAR MEDICINE	0.156396			63.01
65.00	06500	RESPIRATORY THERAPY	0.251247			65.00
66.00	06600	PHYSICAL THERAPY	0.796032			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.218631			67.00
68.00	06800	SPEECH PATHOLOGY	0.350638			68.00
69.00	06900	ELECTROCARDIOLOGY	0.071974			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.393722			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.354752			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.880400			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.149519			73.00
76.00	03020	PAIN CLINIC	0.000000			76.00
76.01	03950	ORTHOPEDICS	8.904886			76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.127738			76.02
76.03	03957	CARDIAC REHABILITATION	0.448715			76.03
76.04	03190	RADIATION ONCOLOGY	5.985781			76.04
76.05	03951	MRI	0.073358			76.05
76.06	03952	BARIATRIC CENTER	0.000000			76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000			76.07
76.08	03953	WOUND CARE	0.352840			76.08
76.09	03954	RENAL DIALYSIS	0.717092			76.09
76.10	03955	INFUSION	0.268770			76.10
76.11	03956	CARE TRANSITION CENTER	0.000000			76.11
76.12	03958	ANTICOAGULATION CLINIC	0.990293			76.12
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	OCC HEALTH CLINIC	0.000000			90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000			90.02
90.03	09003	SPECIALTY CLINIC	0.000000			90.03
91.00	09100	EMERGENCY	0.201977			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.733202			92.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
7/16/2020 12:16 pm

			Title XVIII		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	3,522,362	0	3,522,362	26,809	131.39	30.00	
31.00	INTENSIVE CARE UNIT	649,942		649,942	3,226	201.47	31.00	
35.00	NEWBORN INTENSIVE CARE UNIT	85,358		85,358	470	181.61	35.00	
40.00	SUBPROVIDER - IPF	68,726	0	68,726	8,618	7.97	40.00	
43.00	NURSERY	14,539		14,539	924	15.73	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (lines 30 through 199)	4,340,927		4,340,927	40,047		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	8,321	1,093,296					30.00
31.00	INTENSIVE CARE UNIT	1,224	246,599					31.00
35.00	NEWBORN INTENSIVE CARE UNIT	0	0					35.00
40.00	SUBPROVIDER - IPF	1,027	8,185					40.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
45.00	NURSING FACILITY	0	0					45.00
200.00	Total (lines 30 through 199)	10,572	1,348,080					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part II
Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description			Title XVIII		Hospital	PPS		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	875,084	28,287,850	0.030935	4,125,390	127,619	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0.000000	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	692,910	5,153,970	0.134442	963,500	129,535	50.02
51.00	05100	RECOVERY ROOM	72,660	4,703,008	0.015450	616,900	9,531	51.00
53.00	05300	ANESTHESIOLOGY	164,891	11,415,159	0.014445	1,449,230	20,934	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	738,978	11,991,940	0.061623	1,808,300	111,433	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	235,588	10,445,946	0.022553	1,450,970	32,724	54.01
54.02	05402	ULTRASOUND	233,858	10,623,110	0.022014	1,219,120	26,838	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	436,306	38,932,555	0.011207	5,043,600	56,524	55.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	280,547	50,353,480	0.005572	10,392,210	57,905	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	582	1,315,775	0.000442	466,930	206	63.00
63.01	06301	NUCLEAR MEDICINE	87,799	4,302,675	0.020406	772,260	15,759	63.01
65.00	06500	RESPIRATORY THERAPY	277,624	12,698,112	0.021863	4,326,830	94,597	65.00
66.00	06600	PHYSICAL THERAPY	269,511	6,109,694	0.044112	933,232	41,167	66.00
67.00	06700	OCCUPATIONAL THERAPY	31,361	5,067,787	0.006188	902,051	5,582	67.00
68.00	06800	SPEECH PATHOLOGY	75,603	2,157,761	0.035038	374,611	13,126	68.00
69.00	06900	ELECTROCARDIOLOGY	170,039	14,291,047	0.011898	3,226,920	38,394	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	48,231	695,335	0.069364	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	271,566	24,237,927	0.011204	4,169,375	46,714	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	87,431	4,653,750	0.018787	1,422,654	26,727	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	420,693	266,613,881	0.001578	11,159,463	17,610	73.00
76.00	03020	PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01	03950	ORTHOPEDICS	15,273	6,140	2.487459	350	871	76.01
76.02	03140	CARDIOVASCULAR SERVICES	306,614	16,699,853	0.018360	3,364,130	61,765	76.02
76.03	03957	CARDIAC REHABILITATION	84,364	2,096,973	0.040231	160,640	6,463	76.03
76.04	03190	RADIATION ONCOLOGY	348,634	189,682	1.837992	0	0	76.04
76.05	03951	MRI	81,501	7,383,500	0.011038	1,198,500	13,229	76.05
76.06	03952	BARIATRIC CENTER	0	0	0.000000	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	15,384	0	0.000000	0	0	76.07
76.08	03953	WOUND CARE	115,395	2,215,064	0.052096	30,810	1,605	76.08
76.09	03954	RENAL DIALYSIS	213,835	2,530,800	0.084493	962,400	81,316	76.09
76.10	03955	INFUSION	120,174	19,965,584	0.006019	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0.000000	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	4,144	636,530	0.006510	0	0	76.12
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	795	0	0.000000	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	50	0	0.000000	0	0	90.02
90.03	09003	SPECIALTY CLINIC	552	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	638,779	94,442,665	0.006764	6,817,098	46,111	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	919,579	13,967,313	0.065838	0	0	92.00
200.00		Total (lines 50 through 199)	8,336,335	674,184,866		67,357,474	1,084,285	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 15-0004		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 7/16/2020 12:16 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	0	45.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	0	200.00
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	26,809	0.00	8,321	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	3,226	0.00	1,224	31.00		
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	470	0.00	0	35.00		
40.00	04000	SUBPROVIDER - IPF	0	0	8,618	0.00	1,027	40.00		
43.00	04300	NURSERY	0	0	924	0.00	0	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00		
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	45.00		
200.00		Total (lines 30 through 199)	0	0	40,047		10,572	200.00		
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
					9.00					
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0							30.00
31.00	03100	INTENSIVE CARE UNIT	0							31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0							35.00
40.00	04000	SUBPROVIDER - IPF	0							40.00
43.00	04300	NURSERY	0							43.00
44.00	04400	SKILLED NURSING FACILITY	0							44.00
45.00	04500	NURSING FACILITY	0							45.00
200.00		Total (lines 30 through 199)	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0004	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 7/16/2020 12:16 pm	
				Title XVIII	Hospital	PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	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
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0
50.02	05002	OUTPATIENT SURGERY	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	112,899
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	0	0	0	2,377
54.02	05402	ULTRASOUND	0	0	0	0	1,188
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	COMPUTED TOMOGRAPHY	0	0	0	0	2,377
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	165,177
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	32,230
63.01	06301	NUCLEAR MEDICINE	0	0	0	0	4,029
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	115,254
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	859,386
76.00	03020	PAIN CLINIC	0	0	0	0	0
76.01	03950	ORTHOPEDICS	0	0	0	0	0
76.02	03140	CARDIOVASCULAR SERVICES	0	0	0	0	0
76.03	03957	CARDIAC REHABILITATION	0	0	0	0	0
76.04	03190	RADIATION ONCOLOGY	0	0	0	0	0
76.05	03951	MRI	0	0	0	0	0
76.06	03952	BARIATRIC CENTER	0	0	0	0	0
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0
76.08	03953	WOUND CARE	0	0	0	0	0
76.09	03954	RENAL DIALYSIS	0	0	0	0	0
76.10	03955	INFUSION	0	0	0	0	0
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0
76.12	03958	ANTICOAGULATION CLINIC	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	0
90.03	09003	SPECIALTY CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	0	389,551
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
200.00		Total (lines 50 through 199)	0	0	0	0	1,684,468

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 15-0004		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/16/2020 12:16 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description					All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
					4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0	0	0	28,287,850	0.000000	50.00		
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0.000000	50.01		
50.02	05002	OUTPATIENT SURGERY	0	0	0	5,153,970	0.000000	50.02		
51.00	05100	RECOVERY ROOM	0	0	0	4,703,008	0.000000	51.00		
53.00	05300	ANESTHESIOLOGY	0	0	0	11,415,159	0.000000	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	112,899	112,899	11,991,940	0.009415	54.00		
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	2,377	2,377	10,445,946	0.000228	54.01		
54.02	05402	ULTRASOUND	0	1,188	1,188	10,623,110	0.000112	54.02		
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00		
55.01	05501	COMPUTED TOMOGRAPHY	0	2,377	2,377	38,932,555	0.000061	55.01		
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00		
58.00	05800	MRI	0	0	0	0	0.000000	58.00		
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00		
60.00	06000	LABORATORY	0	165,177	165,177	50,353,480	0.003280	60.00		
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01		
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	32,230	32,230	1,315,775	0.024495	63.00		
63.01	06301	NUCLEAR MEDICINE	0	4,029	4,029	4,302,675	0.000936	63.01		
65.00	06500	RESPIRATORY THERAPY	0	115,254	115,254	12,698,112	0.009076	65.00		
66.00	06600	PHYSICAL THERAPY	0	0	0	6,109,694	0.000000	66.00		
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,067,787	0.000000	67.00		
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,157,761	0.000000	68.00		
69.00	06900	ELECTROCARDIOLOGY	0	0	0	14,291,047	0.000000	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	695,335	0.000000	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	24,237,927	0.000000	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,653,750	0.000000	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0	859,386	859,386	266,613,881	0.003223	73.00		
76.00	03020	PAIN CLINIC	0	0	0	0	0.000000	76.00		
76.01	03950	ORTHOPEDICS	0	0	0	6,140	0.000000	76.01		
76.02	03140	CARDIOVASCULAR SERVICES	0	0	0	16,699,853	0.000000	76.02		
76.03	03957	CARDIAC REHABILITATION	0	0	0	2,096,973	0.000000	76.03		
76.04	03190	RADIATION ONCOLOGY	0	0	0	189,682	0.000000	76.04		
76.05	03951	MRI	0	0	0	7,383,500	0.000000	76.05		
76.06	03952	BARIATRIC CENTER	0	0	0	0	0.000000	76.06		
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0.000000	76.07		
76.08	03953	WOUND CARE	0	0	0	2,215,064	0.000000	76.08		
76.09	03954	RENAL DIALYSIS	0	0	0	2,530,800	0.000000	76.09		
76.10	03955	INFUSION	0	0	0	19,965,584	0.000000	76.10		
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0.000000	76.11		
76.12	03958	ANTICOAGULATION CLINIC	0	0	0	636,530	0.000000	76.12		
OUTPATIENT SERVICE COST CENTERS										
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00		
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00		
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00		
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0.000000	90.01		
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	0.000000	90.02		
90.03	09003	SPECIALTY CLINIC	0	0	0	0	0.000000	90.03		
91.00	09100	EMERGENCY	0	389,551	389,551	94,442,665	0.004125	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	13,967,313	0.000000	92.00		
200.00		Total (lines 50 through 199)	0	1,684,468	1,684,468	674,184,866		200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0004		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/16/2020 12:16 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	4,125,390	0	4,000,955	0	50.00
50.01	05001	OPEN HEART SURGERY		0.000000	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY		0.000000	963,500	0	393,086	0	50.02
51.00	05100	RECOVERY ROOM		0.000000	616,900	0	689,609	0	51.00
53.00	05300	ANESTHESIOLOGY		0.000000	1,449,230	0	1,243,804	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.009415	1,808,300	17,025	1,800,489	16,952	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES		0.000228	1,450,970	331	2,849,066	650	54.01
54.02	05402	ULTRASOUND		0.000112	1,219,120	137	1,013,817	114	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY		0.000061	5,043,600	308	4,863,910	297	55.01
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.003280	10,392,210	34,086	978,829	3,211	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.024495	466,930	11,437	140,347	3,438	63.00
63.01	06301	NUCLEAR MEDICINE		0.000936	772,260	723	1,095,606	1,025	63.01
65.00	06500	RESPIRATORY THERAPY		0.009076	4,326,830	39,270	210,324	1,909	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	933,232	0	25,352	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	902,051	0	14,921	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	374,611	0	30,085	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	3,226,920	0	1,994,943	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	689,205	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	4,169,375	0	2,501,645	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	1,422,654	0	871,290	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.003223	11,159,463	35,967	99,753,617	321,506	73.00
76.00	03020	PAIN CLINIC		0.000000	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS		0.000000	350	0	700	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES		0.000000	3,364,130	0	1,380,323	0	76.02
76.03	03957	CARDIAC REHABILITATION		0.000000	160,640	0	336,447	0	76.03
76.04	03190	RADIATION ONCOLOGY		0.000000	0	0	147,282	0	76.04
76.05	03951	MRI		0.000000	1,198,500	0	975,910	0	76.05
76.06	03952	BARIATRIC CENTER		0.000000	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY		0.000000	0	0	0	0	76.07
76.08	03953	WOUND CARE		0.000000	30,810	0	1,997,844	0	76.08
76.09	03954	RENAL DIALYSIS		0.000000	962,400	0	12,000	0	76.09
76.10	03955	INFUSION		0.000000	0	0	2,152,868	0	76.10
76.11	03956	CARE TRANSITION CENTER		0.000000	0	0	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC		0.000000	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0	0	0	0	89.00
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC		0.000000	0	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC		0.000000	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC		0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY		0.004125	6,817,098	28,121	8,201,122	33,830	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	1,691,423	0	92.00
200.00		Total (lines 50 through 199)			67,357,474	167,405	142,056,819	382,932	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 15-0004		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 7/16/2020 12:16 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.158359	4,000,955	0	0	633,587	50.00
50.01	05001	OPEN HEART SURGERY		0.000000	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY		0.681715	393,086	0	0	267,973	50.02
51.00	05100	RECOVERY ROOM		0.149612	689,609	0	0	103,174	51.00
53.00	05300	ANESTHESIOLOGY		0.299557	1,243,804	0	0	372,590	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.273985	1,800,489	0	0	493,307	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES		0.154628	2,849,066	0	0	440,545	54.01
54.02	05402	ULTRASOUND		0.104893	1,013,817	0	0	106,342	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY		0.037532	4,863,910	0	0	182,552	55.01
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.145342	978,829	0	0	142,265	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.028052	140,347	0	0	3,937	63.00
63.01	06301	NUCLEAR MEDICINE		0.156396	1,095,606	0	0	171,348	63.01
65.00	06500	RESPIRATORY THERAPY		0.251117	210,324	0	0	52,816	65.00
66.00	06600	PHYSICAL THERAPY		0.793796	25,352	0	0	20,124	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.218631	14,921	0	0	3,262	67.00
68.00	06800	SPEECH PATHOLOGY		0.350638	30,085	0	0	10,549	68.00
69.00	06900	ELECTROCARDIOLOGY		0.071974	1,994,943	0	0	143,584	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.392793	689,205	0	0	270,715	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.354752	2,501,645	0	0	887,464	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.880400	871,290	0	0	767,084	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.149519	99,753,617	0	29,460	14,915,061	73.00
76.00	03020	PAIN CLINIC		0.000000	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS		8.904886	700	0	0	6,233	76.01
76.02	03140	CARDIOVASCULAR SERVICES		0.127281	1,380,323	0	0	175,689	76.02
76.03	03957	CARDIAC REHABILITATION		0.448715	336,447	0	0	150,969	76.03
76.04	03190	RADIATION ONCOLOGY		5.985781	147,282	0	0	881,598	76.04
76.05	03951	MRI		0.073358	975,910	0	0	71,591	76.05
76.06	03952	BARIATRIC CENTER		0.000000	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY		0.000000	0	0	0	0	76.07
76.08	03953	WOUND CARE		0.352378	1,997,844	0	0	703,996	76.08
76.09	03954	RENAL DIALYSIS		0.717092	12,000	0	0	8,605	76.09
76.10	03955	INFUSION		0.267887	2,152,868	0	0	576,725	76.10
76.11	03956	CARE TRANSITION CENTER		0.000000	0	0	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC		0.964500	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000				0	89.00
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC		0.000000	0	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC		0.000000	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC		0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY		0.201790	8,201,122	0	0	1,654,904	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.733202	1,691,423	0	0	1,240,155	92.00
200.00		Subtotal (see instructions)			142,056,819	0	29,460	25,458,744	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0	0	201.00
202.00		Net Charges (line 200 - line 201)			142,056,819	0	29,460	25,458,744	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0004		Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 7/16/2020 12:16 pm
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	OPEN HEART SURGERY	0	0		50.01
50.02	05002	OUTPATIENT SURGERY	0	0		50.02
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	0		54.01
54.02	05402	ULTRASOUND	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0		55.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
63.01	06301	NUCLEAR MEDICINE	0	0		63.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,405		73.00
76.00	03020	PAIN CLINIC	0	0		76.00
76.01	03950	ORTHOPEDICS	0	0		76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0		76.02
76.03	03957	CARDIAC REHABILITATION	0	0		76.03
76.04	03190	RADIATION ONCOLOGY	0	0		76.04
76.05	03951	MRI	0	0		76.05
76.06	03952	BARIATRIC CENTER	0	0		76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0		76.07
76.08	03953	WOUND CARE	0	0		76.08
76.09	03954	RENAL DIALYSIS	0	0		76.09
76.10	03955	INFUSION	0	0		76.10
76.11	03956	CARE TRANSITION CENTER	0	0		76.11
76.12	03958	ANTICOAGULATION CLINIC	0	0		76.12
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	OCC HEALTH CLINIC	0	0		90.01
90.02	09002	CARDIOLOGY CLINIC	0	0		90.02
90.03	09003	SPECIALTY CLINIC	0	0		90.03
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	4,405		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	4,405		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0004	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 7/16/2020 12:16 pm		
				Component CCN: 15-S004				
				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	875,084	28,287,850	0.030935	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0.000000	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	692,910	5,153,970	0.134442	3,500	471	50.02
51.00	05100	RECOVERY ROOM	72,660	4,703,008	0.015450	0	0	51.00
53.00	05300	ANESTHESIOLOGY	164,891	11,415,159	0.014445	2,250	33	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	738,978	11,991,940	0.061623	16,130	994	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	235,588	10,445,946	0.022553	0	0	54.01
54.02	05402	ULTRASOUND	233,858	10,623,110	0.022014	6,800	150	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	436,306	38,932,555	0.011207	64,500	723	55.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	280,547	50,353,480	0.005572	265,196	1,478	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	582	1,315,775	0.000442	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	87,799	4,302,675	0.020406	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	277,624	12,698,112	0.021863	6,220	136	65.00
66.00	06600	PHYSICAL THERAPY	269,511	6,109,694	0.044112	2,890	127	66.00
67.00	06700	OCCUPATIONAL THERAPY	31,361	5,067,787	0.006188	1,415	9	67.00
68.00	06800	SPEECH PATHOLOGY	75,603	2,157,761	0.035038	580	20	68.00
69.00	06900	ELECTROCARDIOLOGY	170,039	14,291,047	0.011898	62,280	741	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	48,231	695,335	0.069364	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	271,566	24,237,927	0.011204	40,013	448	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	87,431	4,653,750	0.018787	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	420,693	266,613,881	0.001578	352,668	557	73.00
76.00	03020	PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01	03950	ORTHOPEDICS	15,273	6,140	2.487459	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	306,614	16,699,853	0.018360	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	84,364	2,096,973	0.040231	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	348,634	189,682	1.837992	0	0	76.04
76.05	03951	MRI	81,501	7,383,500	0.011038	3,500	39	76.05
76.06	03952	BARIATRIC CENTER	0	0	0.000000	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	15,384	0	0.000000	0	0	76.07
76.08	03953	WOUND CARE	115,395	2,215,064	0.052096	0	0	76.08
76.09	03954	RENAL DIALYSIS	213,835	2,530,800	0.084493	0	0	76.09
76.10	03955	INFUSION	120,174	19,965,584	0.006019	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0.000000	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	4,144	636,530	0.006510	0	0	76.12
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	795	0	0.000000	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	50	0	0.000000	0	0	90.02
90.03	09003	SPECIALTY CLINIC	552	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	638,779	94,442,665	0.006764	343,950	2,326	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	13,967,313	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	7,416,756	674,184,866		1,171,892	8,252	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/16/2020 12:16 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
50.01	05001	OPEN HEART SURGERY		0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY		0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	112,899	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES		0	0	0	0	2,377	54.01
54.02	05402	ULTRASOUND		0	0	0	0	1,188	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY		0	0	0	0	2,377	55.01
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	165,177	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	32,230	63.00
63.01	06301	NUCLEAR MEDICINE		0	0	0	0	4,029	63.01
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	115,254	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	859,386	73.00
76.00	03020	PAIN CLINIC		0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS		0	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES		0	0	0	0	0	76.02
76.03	03957	CARDIAC REHABILITATION		0	0	0	0	0	76.03
76.04	03190	RADIATION ONCOLOGY		0	0	0	0	0	76.04
76.05	03951	MRI		0	0	0	0	0	76.05
76.06	03952	BARIATRIC CENTER		0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY		0	0	0	0	0	76.07
76.08	03953	WOUND CARE		0	0	0	0	0	76.08
76.09	03954	RENAL DIALYSIS		0	0	0	0	0	76.09
76.10	03955	INFUSION		0	0	0	0	0	76.10
76.11	03956	CARE TRANSITION CENTER		0	0	0	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC		0	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC		0	0	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC		0	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC		0	0	0	0	0	90.03
91.00	09100	EMERGENCY		0	0	0	0	389,551	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	1,684,468	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/16/2020 12:16 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	28,287,850	0.000000	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	0.000000	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	0	0	5,153,970	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	4,703,008	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	11,415,159	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	112,899	112,899	11,991,940	11,991,940	0.009415	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	2,377	2,377	10,445,946	10,445,946	0.000228	54.01
54.02	05402	ULTRASOUND	0	1,188	1,188	10,623,110	10,623,110	0.000112	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0.000000	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	2,377	2,377	38,932,555	38,932,555	0.000061	55.01
57.00	05700	CT SCAN	0	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	165,177	165,177	50,353,480	50,353,480	0.003280	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	32,230	32,230	1,315,775	1,315,775	0.024495	63.00
63.01	06301	NUCLEAR MEDICINE	0	4,029	4,029	4,302,675	4,302,675	0.000936	63.01
65.00	06500	RESPIRATORY THERAPY	0	115,254	115,254	12,698,112	12,698,112	0.009076	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,109,694	6,109,694	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,067,787	5,067,787	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,157,761	2,157,761	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	14,291,047	14,291,047	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	695,335	695,335	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	24,237,927	24,237,927	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,653,750	4,653,750	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	859,386	859,386	266,613,881	266,613,881	0.003223	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	0.000000	76.00
76.01	03950	ORTHOPEDICS	0	0	0	6,140	6,140	0.000000	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0	0	16,699,853	16,699,853	0.000000	76.02
76.03	03957	CARDIAC REHABILITATION	0	0	0	2,096,973	2,096,973	0.000000	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	189,682	189,682	0.000000	76.04
76.05	03951	MRI	0	0	0	7,383,500	7,383,500	0.000000	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	0.000000	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0	0.000000	76.07
76.08	03953	WOUND CARE	0	0	0	2,215,064	2,215,064	0.000000	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	2,530,800	2,530,800	0.000000	76.09
76.10	03955	INFUSION	0	0	0	19,965,584	19,965,584	0.000000	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0	0.000000	76.11
76.12	03958	ANTICOAGULATION CLINIC	0	0	0	636,530	636,530	0.000000	76.12
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0	0.000000	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	0.000000	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	0	0.000000	90.02
90.03	09003	SPECIALTY CLINIC	0	0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	0	389,551	389,551	94,442,665	94,442,665	0.004125	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	13,967,313	13,967,313	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,684,468	1,684,468	674,184,866	674,184,866		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/16/2020 12:16 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
50.01	05001	OPEN HEART SURGERY		0.000000	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY		0.000000	3,500	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0.000000	2,250	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.009415	16,130	152	1,213	11	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES		0.000228	0	0	0	0	54.01
54.02	05402	ULTRASOUND		0.000112	6,800	1	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY		0.000061	64,500	4	0	0	55.01
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.003280	265,196	870	5,220	17	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.024495	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE		0.000936	0	0	0	0	63.01
65.00	06500	RESPIRATORY THERAPY		0.009076	6,220	56	464	4	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	2,890	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	1,415	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	580	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	62,280	0	4,763	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	40,013	0	469	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.003223	352,668	1,137	9,852	32	73.00
76.00	03020	PAIN CLINIC		0.000000	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS		0.000000	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES		0.000000	0	0	0	0	76.02
76.03	03957	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.03
76.04	03190	RADIATION ONCOLOGY		0.000000	0	0	0	0	76.04
76.05	03951	MRI		0.000000	3,500	0	0	0	76.05
76.06	03952	BARIATRIC CENTER		0.000000	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY		0.000000	0	0	0	0	76.07
76.08	03953	WOUND CARE		0.000000	0	0	0	0	76.08
76.09	03954	RENAL DIALYSIS		0.000000	0	0	0	0	76.09
76.10	03955	INFUSION		0.000000	0	0	0	0	76.10
76.11	03956	CARE TRANSITION CENTER		0.000000	0	0	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC		0.000000	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0	0	0	0	89.00
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC		0.000000	0	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC		0.000000	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC		0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY		0.004125	343,950	1,419	13,526	56	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			1,171,892	3,639	35,507	120	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0004

Period:

Worksheet D

Component CCN: 15-S004

From 01/01/2019
To 12/31/2019Part V
Date/Time Prepared:
7/16/2020 12:16 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.158359	0	0	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0.000000	0	0	0	0	50.00
50.02	05002	OUTPATIENT SURGERY	0.681715	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.149612	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.299557	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.273985	1,213	0	0	332	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.154628	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0.104893	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.037532	0	0	0	0	55.01
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.145342	5,220	0	0	759	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.028052	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	0.156396	0	0	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	0.251117	464	0	0	117	65.00
66.00	06600	PHYSICAL THERAPY	0.793796	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.218631	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.350638	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.071974	4,763	0	0	343	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.392793	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.354752	469	0	0	166	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.880400	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.149519	9,852	0	70	1,473	73.00
76.00	03020	PAIN CLINIC	0.000000	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	8.904886	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.127281	0	0	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	0.448715	0	0	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	5.985781	0	0	0	0	76.04
76.05	03951	MRI	0.073358	0	0	0	0	76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000	0	0	0	0	76.07
76.08	03953	WOUND CARE	0.352378	0	0	0	0	76.08
76.09	03954	RENAL DIALYSIS	0.717092	0	0	0	0	76.09
76.10	03955	INFUSION	0.267887	0	0	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	0.000000	0	0	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	0.964500	0	0	0	0	76.12
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.201790	13,526	0	0	2,729	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.733202	0	0	0	0	92.00
200.00		Subtotal (see instructions)		35,507	0	70	5,919	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		35,507	0	70	5,919	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0004		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 7/16/2020 12:16 pm		
			Component CCN: 15-S004						
			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	OPEN HEART SURGERY	0	0					50.01
50.02	05002	OUTPATIENT SURGERY	0	0					50.02
51.00	05100	RECOVERY ROOM	0	0					51.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	0					54.01
54.02	05402	ULTRASOUND	0	0					54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0					55.01
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
60.01	06001	BLOOD LABORATORY	0	0					60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
63.01	06301	NUCLEAR MEDICINE	0	0					63.01
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10					73.00
76.00	03020	PAIN CLINIC	0	0					76.00
76.01	03950	ORTHOPEDICS	0	0					76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0					76.02
76.03	03957	CARDIAC REHABILITATION	0	0					76.03
76.04	03190	RADIATION ONCOLOGY	0	0					76.04
76.05	03951	MRI	0	0					76.05
76.06	03952	BARIATRIC CENTER	0	0					76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0					76.07
76.08	03953	WOUND CARE	0	0					76.08
76.09	03954	RENAL DIALYSIS	0	0					76.09
76.10	03955	INFUSION	0	0					76.10
76.11	03956	CARE TRANSITION CENTER	0	0					76.11
76.12	03958	ANTICOAGULATION CLINIC	0	0					76.12
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0					89.00
90.00	09000	CLINIC	0	0					90.00
90.01	09001	OCC HEALTH CLINIC	0	0					90.01
90.02	09002	CARDIOLOGY CLINIC	0	0					90.02
90.03	09003	SPECIALTY CLINIC	0	0					90.03
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
200.00		Subtotal (see instructions)	0	10					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	10					202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
7/16/2020 12:16 pm

			Title XIX	Hospital	Cost			
	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	0.158359	4,871,978	0	0	771,522	50.00
50.01	05001	OPEN HEART SURGERY	0.000000	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0.681715	714,929	0	0	487,378	50.02
51.00	05100	RECOVERY ROOM	0.149612	1,359,410	0	0	203,384	51.00
53.00	05300	ANESTHESIOLOGY	0.299557	1,952,395	0	0	584,854	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.273985	1,399,268	0	0	383,378	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.154628	426,497	0	0	65,948	54.01
54.02	05402	ULTRASOUND	0.104893	1,420,804	0	0	149,032	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.037532	3,679,725	0	0	138,107	55.01
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.145342	4,919,034	0	0	714,942	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.028052	112,262	0	0	3,149	63.00
63.01	06301	NUCLEAR MEDICINE	0.156396	294,030	0	0	45,985	63.01
65.00	06500	RESPIRATORY THERAPY	0.251117	267,907	0	0	67,276	65.00
66.00	06600	PHYSICAL THERAPY	0.793796	311,550	0	0	247,307	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.218631	100,890	0	0	22,058	67.00
68.00	06800	SPEECH PATHOLOGY	0.350638	139,090	0	0	48,770	68.00
69.00	06900	ELECTROCARDIOLOGY	0.071974	910,917	0	0	65,562	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.392793	6,130	0	0	2,408	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.354752	1,055,461	0	0	374,427	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.880400	492,118	0	0	433,261	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.149519	17,546,072	0	0	2,623,471	73.00
76.00	03020	PAIN CLINIC	0.000000	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	8.904886	1,380	0	0	12,289	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.127281	453,740	0	0	57,752	76.02
76.03	03957	CARDIAC REHABILITATION	0.448715	270,310	0	0	121,292	76.03
76.04	03190	RADIATION ONCOLOGY	5.985781	42,400	0	0	253,797	76.04
76.05	03951	MRI	0.073358	838,325	0	0	61,498	76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000	0	0	0	0	76.07
76.08	03953	WOUND CARE	0.352378	186,410	0	0	65,687	76.08
76.09	03954	RENAL DIALYSIS	0.717092	0	0	0	0	76.09
76.10	03955	INFUSION	0.267887	1,811,331	0	0	485,232	76.10
76.11	03956	CARE TRANSITION CENTER	0.000000	0	0	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	0.964500	45,560	0	0	43,943	76.12
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.201790	12,222,552	0	0	2,466,389	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.733202	0	0	0	0	92.00
200.00		Subtotal (see instructions)		57,852,475	0	0	11,000,098	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		57,852,475	0	0	11,000,098	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 15-0004		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 7/16/2020 12:16 pm	
				Title XIX		Hospital		Cost	
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	OPEN HEART SURGERY	0	0					50.01
50.02	05002	OUTPATIENT SURGERY	0	0					50.02
51.00	05100	RECOVERY ROOM	0	0					51.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	0					54.01
54.02	05402	ULTRASOUND	0	0					54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0					55.01
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
60.01	06001	BLOOD LABORATORY	0	0					60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
63.01	06301	NUCLEAR MEDICINE	0	0					63.01
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
76.00	03020	PAIN CLINIC	0	0					76.00
76.01	03950	ORTHOPEDICS	0	0					76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0					76.02
76.03	03957	CARDIAC REHABILITATION	0	0					76.03
76.04	03190	RADIATION ONCOLOGY	0	0					76.04
76.05	03951	MRI	0	0					76.05
76.06	03952	BARIATRIC CENTER	0	0					76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0					76.07
76.08	03953	WOUND CARE	0	0					76.08
76.09	03954	RENAL DIALYSIS	0	0					76.09
76.10	03955	INFUSION	0	0					76.10
76.11	03956	CARE TRANSITION CENTER	0	0					76.11
76.12	03958	ANTICOAGULATION CLINIC	0	0					76.12
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0					89.00
90.00	09000	CLINIC	0	0					90.00
90.01	09001	OCC HEALTH CLINIC	0	0					90.01
90.02	09002	CARDIOLOGY CLINIC	0	0					90.02
90.03	09003	SPECIALTY CLINIC	0	0					90.03
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
200.00		Subtotal (see instructions)	0	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	0					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0004	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 7/16/2020 12:16 pm
				Component CCN: 15-S004		
				Title XIX	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	875,084	28,287,850	0.030935	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0.000000	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	692,910	5,153,970	0.134442	0	0	50.02
51.00 05100 RECOVERY ROOM	72,660	4,703,008	0.015450	0	0	51.00
53.00 05300 ANESTHESIOLOGY	164,891	11,415,159	0.014445	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	738,978	11,991,940	0.061623	0	0	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	235,588	10,445,946	0.022553	0	0	54.01
54.02 05402 ULTRASOUND	233,858	10,623,110	0.022014	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	436,306	38,932,555	0.011207	0	0	55.01
57.00 05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00 05800 MRI	0	0	0.000000	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00 06000 LABORATORY	280,547	50,353,480	0.005572	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	582	1,315,775	0.000442	0	0	63.00
63.01 06301 NUCLEAR MEDICINE	87,799	4,302,675	0.020406	0	0	63.01
65.00 06500 RESPIRATORY THERAPY	277,624	12,698,112	0.021863	0	0	65.00
66.00 06600 PHYSICAL THERAPY	269,511	6,109,694	0.044112	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	31,361	5,067,787	0.006188	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	75,603	2,157,761	0.035038	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	170,039	14,291,047	0.011898	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	48,231	695,335	0.069364	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	271,566	24,237,927	0.011204	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	87,431	4,653,750	0.018787	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	420,693	266,613,881	0.001578	0	0	73.00
76.00 03020 PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01 03950 ORTHOPEDICS	15,273	6,140	2.487459	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	306,614	16,699,853	0.018360	0	0	76.02
76.03 03957 CARDIAC REHABILITATION	84,364	2,096,973	0.040231	0	0	76.03
76.04 03190 RADIATION ONCOLOGY	348,634	189,682	1.837992	0	0	76.04
76.05 03951 MRI	81,501	7,383,500	0.011038	0	0	76.05
76.06 03952 BARIATRIC CENTER	0	0	0.000000	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	15,384	0	0.000000	0	0	76.07
76.08 03953 WOUND CARE	115,395	2,215,064	0.052096	0	0	76.08
76.09 03954 RENAL DIALYSIS	213,835	2,530,800	0.084493	0	0	76.09
76.10 03955 INFUSION	120,174	19,965,584	0.006019	86	1	76.10
76.11 03956 CARE TRANSITION CENTER	0	0	0.000000	0	0	76.11
76.12 03958 ANTICOAGULATION CLINIC	4,144	636,530	0.006510	0	0	76.12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00 09000 CLINIC	0	0	0.000000	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	795	0	0.000000	0	0	90.01
90.02 09002 CARDIOLOGY CLINIC	50	0	0.000000	0	0	90.02
90.03 09003 SPECIALTY CLINIC	552	0	0.000000	0	0	90.03
91.00 09100 EMERGENCY	638,779	94,442,665	0.006764	1,189	8	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	13,967,313	0.000000	0	0	92.00
200.00 Total (lines 50 through 199)	7,416,756	674,184,866		1,275	9	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/16/2020 12:16 pm	
				Title XIX		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	OPEN HEART SURGERY		0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY		0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	112,899	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES		0	0	0	0	2,377	54.01
54.02	05402	ULTRASOUND		0	0	0	0	1,188	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY		0	0	0	0	2,377	55.01
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	165,177	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	32,230	63.00
63.01	06301	NUCLEAR MEDICINE		0	0	0	0	4,029	63.01
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	115,254	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	859,386	73.00
76.00	03020	PAIN CLINIC		0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS		0	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES		0	0	0	0	0	76.02
76.03	03957	CARDIAC REHABILITATION		0	0	0	0	0	76.03
76.04	03190	RADIATION ONCOLOGY		0	0	0	0	0	76.04
76.05	03951	MRI		0	0	0	0	0	76.05
76.06	03952	BARIATRIC CENTER		0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY		0	0	0	0	0	76.07
76.08	03953	WOUND CARE		0	0	0	0	0	76.08
76.09	03954	RENAL DIALYSIS		0	0	0	0	0	76.09
76.10	03955	INFUSION		0	0	0	0	0	76.10
76.11	03956	CARE TRANSITION CENTER		0	0	0	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC		0	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC		0	0	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC		0	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC		0	0	0	0	0	90.03
91.00	09100	EMERGENCY		0	0	0	0	389,551	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	1,684,468	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/16/2020 12:16 pm	
				Title XIX		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) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	28,287,850	0.000000	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	0.000000	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	0	0	5,153,970	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	4,703,008	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	11,415,159	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	112,899	112,899	11,991,940	11,991,940	0.009415	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	2,377	2,377	10,445,946	10,445,946	0.000228	54.01
54.02	05402	ULTRASOUND	0	1,188	1,188	10,623,110	10,623,110	0.000112	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0.000000	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	2,377	2,377	38,932,555	38,932,555	0.000061	55.01
57.00	05700	CT SCAN	0	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	165,177	165,177	50,353,480	50,353,480	0.003280	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	32,230	32,230	1,315,775	1,315,775	0.024495	63.00
63.01	06301	NUCLEAR MEDICINE	0	4,029	4,029	4,302,675	4,302,675	0.000936	63.01
65.00	06500	RESPIRATORY THERAPY	0	115,254	115,254	12,698,112	12,698,112	0.009076	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,109,694	6,109,694	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,067,787	5,067,787	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,157,761	2,157,761	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	14,291,047	14,291,047	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	695,335	695,335	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	24,237,927	24,237,927	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,653,750	4,653,750	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	859,386	859,386	266,613,881	266,613,881	0.003223	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	0.000000	76.00
76.01	03950	ORTHOPEDICS	0	0	0	6,140	6,140	0.000000	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0	0	16,699,853	16,699,853	0.000000	76.02
76.03	03957	CARDIAC REHABILITATION	0	0	0	2,096,973	2,096,973	0.000000	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	189,682	189,682	0.000000	76.04
76.05	03951	MRI	0	0	0	7,383,500	7,383,500	0.000000	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	0.000000	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0	0.000000	76.07
76.08	03953	WOUND CARE	0	0	0	2,215,064	2,215,064	0.000000	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	2,530,800	2,530,800	0.000000	76.09
76.10	03955	INFUSION	0	0	0	19,965,584	19,965,584	0.000000	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0	0.000000	76.11
76.12	03958	ANTICOAGULATION CLINIC	0	0	0	636,530	636,530	0.000000	76.12
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0	0.000000	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	0.000000	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	0	0.000000	90.02
90.03	09003	SPECIALTY CLINIC	0	0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	0	389,551	389,551	94,442,665	94,442,665	0.004125	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	13,967,313	13,967,313	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,684,468	1,684,468	674,184,866	674,184,866		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/16/2020 12:16 pm	
				Title XIX		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	50.00
50.01	05001	OPEN HEART SURGERY		0.000000	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY		0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.009415	0	0	0	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES		0.000228	0	0	0	0	54.01
54.02	05402	ULTRASOUND		0.000112	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY		0.000061	0	0	0	0	55.01
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.003280	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.024495	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE		0.000936	0	0	0	0	63.01
65.00	06500	RESPIRATORY THERAPY		0.009076	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.003223	0	0	0	0	73.00
76.00	03020	PAIN CLINIC		0.000000	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS		0.000000	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES		0.000000	0	0	0	0	76.02
76.03	03957	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.03
76.04	03190	RADIATION ONCOLOGY		0.000000	0	0	0	0	76.04
76.05	03951	MRI		0.000000	0	0	0	0	76.05
76.06	03952	BARIATRIC CENTER		0.000000	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY		0.000000	0	0	0	0	76.07
76.08	03953	WOUND CARE		0.000000	0	0	0	0	76.08
76.09	03954	RENAL DIALYSIS		0.000000	0	0	0	0	76.09
76.10	03955	INFUSION		0.000000	86	0	0	0	76.10
76.11	03956	CARE TRANSITION CENTER		0.000000	0	0	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC		0.000000	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0	0	0	0	89.00
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC		0.000000	0	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC		0.000000	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC		0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY		0.004125	1,189	5	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			1,275	5	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/16/2020 12:16 pm
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		26,809	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		26,809	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)		19,810	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		8,321	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)		39,226,604	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)		39,226,604	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)		39,226,604	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)		1,463.19	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,175,204	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		12,175,204	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0004

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

Worksheet D-1

Date/Time Prepared:
7/16/2020 12:16 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	6,204,652	3,226	1,923.33	1,224	2,354,156
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	NEWBORN INTENSIVE CARE UNIT	2,374,375	470	5,051.86	0	0
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					13,980,410
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					28,509,770
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,339,895
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,251,690
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,591,585
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					25,918,185
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)					6,999
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,463.19
89.00	Observation bed cost (line 87 x line 88) (see instructions)					10,240,867

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0004

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

Worksheet D-1

Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	3,522,362	39,226,604	0.089795	10,240,867	919,579
91.00	Nursing School cost	0	39,226,604	0.000000	10,240,867	0
92.00	Allied health cost	0	39,226,604	0.000000	10,240,867	0
93.00	All other Medical Education	0	39,226,604	0.000000	10,240,867	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/16/2020 12:16 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,618	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,618	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		8,618	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,027	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)		8,331,903	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)		8,331,903	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)		8,331,903	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)		966.80	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		992,904	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)		992,904	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0004	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1	
				Component CCN: 15-S004		Date/Time Prepared: 7/16/2020 12:16 pm	
				Title XVIII		Subprovider - IPF	PPS
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					194,680	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,187,584	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)					8,185	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					11,891	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					20,076	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,167,508	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: 15-0004 Component CCN: 15-S004		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 7/16/2020 12:16 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	68,726	8,331,903	0.008249	0	0	90.00		
91.00	Nursing School cost	0	8,331,903	0.000000	0	0	91.00		
92.00	Allied health cost	0	8,331,903	0.000000	0	0	92.00		
93.00	All other Medical Education	0	8,331,903	0.000000	0	0	93.00		

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/16/2020 12:16 pm
		Title XIX	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)		8,618	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,618	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		8,618	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		3,856	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)		924	15.00
16.00	Nursery days (title V or XIX only)		566	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)		8,331,903	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)		8,331,903	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)		8,331,903	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)		966.80	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,727,981	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)		3,727,981	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 7/16/2020 12:16 pm	
				Title XIX		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	NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0			47.00
Cost Center Description									
							1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						263		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,728,244		49.00
PASS THROUGH COST ADJUSTMENTS									
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)							0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							14	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)							14	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)							3,728,230	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: 15-0004 Component CCN: 15-S004		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 7/16/2020 12:16 pm	
				Title XIX		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	0	8,331,903	0.000000	0	0	90.00		
91.00	Nursing School cost	0	8,331,903	0.000000	0	0	91.00		
92.00	Allied health cost	0	8,331,903	0.000000	0	0	92.00		
93.00	All other Medical Education	0	8,331,903	0.000000	0	0	93.00		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0004	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 7/16/2020 12:16 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		15,979,712	30.00
31.00	03100	INTENSIVE CARE UNIT		4,279,800	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.158471	4,125,390	50.00
50.01	05001	OPEN HEART SURGERY	0.000000	0	50.01
50.02	05002	OUTPATIENT SURGERY	0.681715	963,500	50.02
51.00	05100	RECOVERY ROOM	0.149612	616,900	51.00
53.00	05300	ANESTHESIOLOGY	0.299557	1,449,230	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.273985	1,808,300	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.154628	1,450,970	54.01
54.02	05402	ULTRASOUND	0.104893	1,219,120	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.037532	5,043,600	55.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.145382	10,392,210	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.028052	466,930	63.00
63.01	06301	NUCLEAR MEDICINE	0.156396	772,260	63.01
65.00	06500	RESPIRATORY THERAPY	0.251247	4,326,830	65.00
66.00	06600	PHYSICAL THERAPY	0.796032	933,232	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.218631	902,051	67.00
68.00	06800	SPEECH PATHOLOGY	0.350638	374,611	68.00
69.00	06900	ELECTROCARDIOLOGY	0.071974	3,226,920	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.393722	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.354752	4,169,375	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.880400	1,422,654	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.149519	11,159,463	73.00
76.00	03020	PAIN CLINIC	0.000000	0	76.00
76.01	03950	ORTHOPEDICS	8.904886	350	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.127738	3,364,130	76.02
76.03	03957	CARDIAC REHABILITATION	0.448715	160,640	76.03
76.04	03190	RADIATION ONCOLOGY	5.985781	0	76.04
76.05	03951	MRI	0.073358	1,198,500	76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000	0	76.07
76.08	03953	WOUND CARE	0.352840	30,810	76.08
76.09	03954	RENAL DIALYSIS	0.717092	962,400	76.09
76.10	03955	INFUSION	0.268770	0	76.10
76.11	03956	CARE TRANSITION CENTER	0.000000	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	0.990293	0	76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000	0	90.02
90.03	09003	SPECIALTY CLINIC	0.000000	0	90.03
91.00	09100	EMERGENCY	0.201977	6,817,098	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.733202	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		67,357,474	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)		67,357,474	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0004	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3	
		Component CCN: 15-S004		Date/Time Prepared: 7/16/2020 12:16 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - IPF		2,680,162		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.158471	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0.000000	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0.681715	3,500	2,386	50.02
51.00	05100 RECOVERY ROOM	0.149612	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.299557	2,250	674	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.273985	16,130	4,419	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.154628	0	0	54.01
54.02	05402 ULTRASOUND	0.104893	6,800	713	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.037532	64,500	2,421	55.01
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.145382	265,196	38,555	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.028052	0	0	63.00
63.01	06301 NUCLEAR MEDICINE	0.156396	0	0	63.01
65.00	06500 RESPIRATORY THERAPY	0.251247	6,220	1,563	65.00
66.00	06600 PHYSICAL THERAPY	0.796032	2,890	2,301	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.218631	1,415	309	67.00
68.00	06800 SPEECH PATHOLOGY	0.350638	580	203	68.00
69.00	06900 ELECTROCARDIOLOGY	0.071974	62,280	4,483	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.393722	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.354752	40,013	14,195	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.880400	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.149519	352,668	52,731	73.00
76.00	03020 PAIN CLINIC	0.000000	0	0	76.00
76.01	03950 ORTHOPEDICS	8.904886	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0.127738	0	0	76.02
76.03	03957 CARDIAC REHABILITATION	0.448715	0	0	76.03
76.04	03190 RADIATION ONCOLOGY	5.985781	0	0	76.04
76.05	03951 MRI	0.073358	3,500	257	76.05
76.06	03952 BARIATRIC CENTER	0.000000	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0.000000	0	0	76.07
76.08	03953 WOUND CARE	0.352840	0	0	76.08
76.09	03954 RENAL DIALYSIS	0.717092	0	0	76.09
76.10	03955 INFUSION	0.268770	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	0.000000	0	0	76.11
76.12	03958 ANTICOAGULATION CLINIC	0.990293	0	0	76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0.000000	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0.000000	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0.000000	0	0	90.03
91.00	09100 EMERGENCY	0.201977	343,950	69,470	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.733202	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,171,892	194,680	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		1,171,892		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0004	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 7/16/2020 12:16 pm
			Title XIX	Hospital	Cost
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		4,725,237	30.00
31.00	03100	INTENSIVE CARE UNIT		1,085,433	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		1,344,637	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.158359	1,565,200	50.00
50.01	05001	OPEN HEART SURGERY	0.000000	0	50.01
50.02	05002	OUTPATIENT SURGERY	0.681715	108,450	50.02
51.00	05100	RECOVERY ROOM	0.149612	160,050	51.00
53.00	05300	ANESTHESIOLOGY	0.299557	613,330	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.273985	278,236	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.154628	269,589	54.01
54.02	05402	ULTRASOUND	0.104893	246,478	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.037532	833,912	55.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.145342	2,134,204	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.028052	251,907	63.00
63.01	06301	NUCLEAR MEDICINE	0.156396	66,830	63.01
65.00	06500	RESPIRATORY THERAPY	0.251117	1,087,489	65.00
66.00	06600	PHYSICAL THERAPY	0.793796	362,681	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.218631	354,410	67.00
68.00	06800	SPEECH PATHOLOGY	0.350638	176,094	68.00
69.00	06900	ELECTROCARDIOLOGY	0.071974	372,650	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.392793	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.354752	829,370	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.880400	216,819	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.149519	2,632,293	73.00
76.00	03020	PAIN CLINIC	0.000000	0	76.00
76.01	03950	ORTHOPEDICS	8.904886	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.127281	682,116	76.02
76.03	03957	CARDIAC REHABILITATION	0.448715	29,740	76.03
76.04	03190	RADIATION ONCOLOGY	5.985781	0	76.04
76.05	03951	MRI	0.073358	250,925	76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000	0	76.07
76.08	03953	WOUND CARE	0.352378	0	76.08
76.09	03954	RENAL DIALYSIS	0.717092	0	76.09
76.10	03955	INFUSION	0.267887	1,750	76.10
76.11	03956	CARE TRANSITION CENTER	0.000000	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	0.964500	0	76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000	0	90.02
90.03	09003	SPECIALTY CLINIC	0.000000	0	90.03
91.00	09100	EMERGENCY	0.201790	1,509,066	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.733202	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		15,033,589	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)		15,033,589	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0004	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3	
		Component CCN: 15-S004		Date/Time Prepared: 7/16/2020 12:16 pm	
		Title XIX	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
35.00	02040 NEWBORN INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - IPF		8,917,859		40.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.158471	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0.000000	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0.681715	0	0	50.02
51.00	05100 RECOVERY ROOM	0.149612	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.299557	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.273985	0	0	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.154628	0	0	54.01
54.02	05402 ULTRASOUND	0.104893	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.037532	0	0	55.01
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.145382	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.028052	0	0	63.00
63.01	06301 NUCLEAR MEDICINE	0.156396	0	0	63.01
65.00	06500 RESPIRATORY THERAPY	0.251247	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.796032	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.218631	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.350638	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.071974	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.393722	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.354752	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.880400	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.149519	0	0	73.00
76.00	03020 PAIN CLINIC	0.000000	0	0	76.00
76.01	03950 ORTHOPEDICS	8.904886	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0.127738	0	0	76.02
76.03	03957 CARDIAC REHABILITATION	0.448715	0	0	76.03
76.04	03190 RADIATION ONCOLOGY	5.985781	0	0	76.04
76.05	03951 MRI	0.073358	0	0	76.05
76.06	03952 BARIATRIC CENTER	0.000000	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0.000000	0	0	76.07
76.08	03953 WOUND CARE	0.352840	0	0	76.08
76.09	03954 RENAL DIALYSIS	0.717092	0	0	76.09
76.10	03955 INFUSION	0.268770	86	23	76.10
76.11	03956 CARE TRANSITION CENTER	0.000000	0	0	76.11
76.12	03958 ANTICOAGULATION CLINIC	0.990293	0	0	76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0.000000	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0.000000	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0.000000	0	0	90.03
91.00	09100 EMERGENCY	0.201977	1,189	240	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.733202	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,275	263	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		1,275		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A
Date/Time Prepared:
7/16/2020 12:16 pm

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			14,032,347	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			4,640,357	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			370,056	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			16,939	2.04
3.00	Managed Care Simulated Payments			7,828,925	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			160.82	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			6.11	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)			1.72	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)			4.39	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			4.42	10.00
11.00	FTE count for residents in dental and podiatric programs.			3.55	11.00
12.00	Current year allowable FTE (see instructions)			7.94	12.00
13.00	Total allowable FTE count for the prior year.			7.10	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.			6.84	14.00
15.00	Sum of lines 12 through 14 divided by 3.			7.29	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			7.29	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.045330	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.044888	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.044888	21.00
22.00	IME payment adjustment (see instructions)			452,290	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			189,632	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)			0.03	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)			452,290	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			189,632	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			8.14	30.00
31.00	Percentage of Medicaid patient days (see instructions)			25.83	31.00
32.00	Sum of lines 30 and 31			33.97	32.00
33.00	Allowable disproportionate share percentage (see instructions)			17.24	33.00
34.00	Disproportionate share adjustment (see instructions)			804,794	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/16/2020 12:16 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,272,872,447	8,350,599,096	35.00
35.01	Factor 3 (see instructions)	0.000549468	0.000356170	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	4,545,681	2,974,235	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	3,399,919	747,622	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	4,147,541		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)	2,907		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	386		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	386		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	13.28		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	2,490		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.921540		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	447.81		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	159,291		46.00
47.00	Subtotal (see instructions)	24,623,615		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)		24,813,247	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,744,054	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).		158,390	52.00
53.00	Nursing and Allied Health Managed Care payment		112,930	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		167,405	58.00
59.00	Total (sum of amounts on lines 49 through 58)		26,996,026	59.00
60.00	Primary payer payments		5,106	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		26,990,920	61.00
62.00	Deductibles billed to program beneficiaries		1,654,244	62.00
63.00	Coinurance billed to program beneficiaries		138,105	63.00
64.00	Allowable bad debts (see instructions)		812,154	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		527,900	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		436,922	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		25,726,471	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-52,883	70.93
70.94	HRR adjustment amount (see instructions)		-198,098	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/16/2020 12:16 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		256,188	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		25,219,302	71.00
71.01	Sequestration adjustment (see instructions)		504,386	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		24,236,592	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		478,324	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		824,270	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/16/2020 12:16 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	14,032,347	0	14,032,347		14,032,347	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,640,357	0		4,640,357	4,640,357	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	370,056	0	370,056		370,056	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	16,939	0		16,939	16,939	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	7,828,925	0	5,815,422	2,013,503	7,828,925	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.044888	0.044888	0.044888	0.044888		5.00
6.00	IME payment adjustment (see instructions)	22.00	452,290	0	339,891	112,399	452,290	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	189,632	0	140,861	48,771	189,632	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	452,290	0	339,891	112,399	452,290	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	189,632	0	140,861	48,771	189,632	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1724	0.1724	0.1724	0.1724		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	804,794	0	604,794	200,000	804,794	11.00
11.01	Uncompensated care payments	36.00	4,147,541	0	3,399,919	747,622	4,147,541	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	159,291	0	119,141	40,150	159,291	12.00
13.00	Subtotal (see instructions)	47.00	24,623,615	0	18,866,148	5,757,467	24,623,615	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	24,813,247	0	19,007,009	5,806,238	24,813,247	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,744,054	0	1,331,110	412,944	1,744,054	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/16/2020 12:16 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	20,338,119	6,219,182	26,557,301
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	1,511,796	0	1,141,705	370,091	1,511,796
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	76,089	0	71,466	4,623	76,089
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0321	0.0321	0.0321	0.0321	
23.00	Indirect medical education adjustment (see instructions)	6.00	48,529	0	36,649	11,880	48,529
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0712	0.0712	0.0712	0.0712	
25.00	Disproportionate share adjustment (see instructions)	11.00	107,640	0	81,290	26,350	107,640
26.00	Total prospective capital payments (see instructions)	12.00	1,744,054	0	1,331,110	412,944	1,744,054
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/16/2020 12:16 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	14,032,347	14,032,347		14,032,347	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,640,357		4,640,357	4,640,357	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	370,056	370,056		370,056	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	16,939		16,939	16,939	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	7,828,925	5,815,422	2,013,503	7,828,925	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.044888	0.044888	0.044888		5.00
6.00	IME payment adjustment (see instructions)	22.00	452,290	339,891	112,399	452,290	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	189,632	140,861	48,771	189,632	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	452,290	339,891	112,399	452,290	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	189,632	140,861	48,771	189,632	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1724	0.1724	0.1724		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	804,794	604,794	200,000	804,794	11.00
11.01	Uncompensated care payments	36.00	4,147,541	3,399,919	747,622	4,147,541	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	159,291	119,141	40,150	159,291	12.00
13.00	Subtotal (see instructions)	47.00	24,623,615	18,866,148	5,757,467	24,623,615	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	24,813,247	19,007,009	5,806,238	24,813,247	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,744,054	1,331,110	412,944	1,744,054	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			20,338,119	6,219,182	26,557,301	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/16/2020 12:16 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,511,796	1,141,705	370,091	1,511,796	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	76,089	71,466	4,623	76,089	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0321	0.0321	0.0321		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	48,529	36,649	11,880	48,529	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0712	0.0712	0.0712		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	107,640	81,290	26,350	107,640	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,744,054	1,331,110	412,944	1,744,054	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-52,883	-47,829	-5,054	-52,883	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-198,098	-169,792	-28,306	-198,098	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		201,205	61,858	263,063	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 7/16/2020 12:16 pm
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		4,405	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		25,075,812	2.00
3.00	OPPS payments		20,366,878	3.00
4.00	Outlier payment (see instructions)		51,232	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		382,932	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		4,405	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		29,460	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)		29,460	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)		29,460	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		25,055	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)		4,405	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)		20,801,042	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,912,071	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)		16,893,376	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		135,802	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)		17,029,178	30.00
31.00	Primary payer payments		4,894	31.00
32.00	Subtotal (line 30 minus line 31)		17,024,284	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)		737,172	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		479,162	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		389,010	36.00
37.00	Subtotal (see instructions)		17,503,446	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)		17,503,446	40.00
40.01	Sequestration adjustment (see instructions)		350,069	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		17,118,564	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		34,813	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 7/16/2020 12:16 pm
		Title XVIII	Subprovider - IPF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		10	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,799	2.00
3.00	OPPS payments		8,798	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		120	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		10	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		70	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)		70	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)		70	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		60	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)		10	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)		8,918	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)		1,745	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)		7,183	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)		7,183	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		7,183	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)		7,183	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)		7,183	40.00
40.01	Sequestration adjustment (see instructions)		144	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		6,926	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		113	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
7/16/2020 12:16 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		24,236,592		17,118,564	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		24,236,592		17,118,564	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		478,324		34,813	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		24,714,916		17,153,377	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: 15-0004
 Component CCN: 15-S004

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 7/16/2020 12:16 pm

Title XVIII

 Subprovider -
 IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		708,225		6,926	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		708,225		6,926	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		24,817		113	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		733,042		7,039	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: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part II
Date/Time Prepared:
7/16/2020 12:16 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	8.00
9.00	Sequestration adjustment amount (see instructions)	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	30.00
31.00	Other Adjustment (specify)	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part II Date/Time Prepared: 7/16/2020 12:16 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			901,334 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)			23.610959 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)			901,334 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)			901,334 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			901,334 18.00
19.00	Deductibles			169,088 19.00
20.00	Subtotal (line 18 minus line 19)			732,246 20.00
21.00	Coinurance			9,548 21.00
22.00	Subtotal (line 20 minus line 21)			722,698 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			33,330 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			21,665 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			4,159 25.00
26.00	Subtotal (sum of lines 22 and 24)			744,363 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			3,639 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)			748,002 31.00
31.01	Sequestration adjustment (see instructions)			14,960 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			708,225 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)			24,817 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: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet E-3
Part VII
Date/Time Prepared:
7/16/2020 12:16 pm

		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
	COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable Charges				
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		15,033,589	57,852,475	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		15,033,589	57,852,475	12.00
	CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		15,033,589	57,852,475	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		15,033,589	57,852,475	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part VII Date/Time Prepared: 7/16/2020 12:16 pm
		Title XIX	Subprovider - IPF	PPS
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	1,275	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	1,275	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	1,275	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	1,275	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	5	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	5	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	5	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	5	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	5	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	5	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	5	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	5	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0004		Period: From 01/01/2019 To 12/31/2019		Worksheet E-4 Date/Time Prepared: 7/16/2020 12:16 pm	
Title XVIII				Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			6.11		1.00	
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00		2.00	
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.75		3.00	
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00		3.01	
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00		4.00	
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00		4.01	
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00		4.02	
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			4.36		5.00	
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			4.42		6.00	
7.00	Enter the lesser of line 5 or line 6			4.36		7.00	
		Primary Care	Other	Total			
		1.00	2.00	3.00			
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	4.42	4.42		8.00	
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	4.36	4.36		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		3.55			10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00			10.01	
11.00	Total weighted FTE count	0.00	7.91			11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	7.03			12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	6.61			13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	7.18			14.00	
15.00	Adjustment for residents in initial years of new programs	0.00	0.00			15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00			15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00			16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00			16.01	
17.00	Adjusted rolling average FTE count	0.00	7.18			17.00	
18.00	Per resident amount	91,945.84	87,064.60			18.00	
19.00	Approved amount for resident costs	0	625,124	625,124		19.00	
				1.00			
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00		20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.06		21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00		22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00		23.00	
24.00	Multiply line 22 time line 23			0		24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)			625,124		25.00	
		Inpatient Part	Managed Care	Total			
		A					
		1.00	2.00	3.00			
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	10,572	4,999			26.00	
27.00	Total Inpatient Days (see instructions)	32,343	32,343			27.00	
28.00	Ratio of inpatient days to total inpatient days	0.326871	0.154562			28.00	
29.00	Program direct GME amount	204,335	96,620	300,955		29.00	
29.01	Percent reduction for MA DGME		7.00			29.01	
30.00	Reduction for direct GME payments for Medicare Advantage		6,763	6,763		30.00	
31.00	Net Program direct GME amount			294,192		31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0004	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 7/16/2020 12:16 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			29,697,354	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			5,106	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			29,692,248	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			25,469,078	42.00
43.00	Primary payer payments (see instructions)			11,241	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			25,457,837	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			55,150,085	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.538390	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.461610	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			294,192	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			158,390	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			135,802	50.00

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

Provider CCN: 15-0004

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

Worksheet G

Date/Time Prepared:
7/16/2020 12:16 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	-292,003,782	0	0	0	1.00
2.00 Temporary investments	11,205,148	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	138,736,161	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-7,844,050	0	0	0	6.00
7.00 Inventory	4,299,262	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	44,741,709	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)	-100,865,552	0	0	0	11.00
FIXED ASSETS					
12.00 Land	5,547,620	0	0	0	12.00
13.00 Land improvements	3,655,975	0	0	0	13.00
14.00 Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	44,408,071	0	0	0	15.00
16.00 Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	117,879	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	170,660,956	0	0	0	23.00
24.00 Accumulated depreciation	-168,571,566	0	0	0	24.00
25.00 Minor equipment depreciable	0	0	0	0	25.00
26.00 Accumulated depreciation	0	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	55,818,935	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	1,770,973	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	1,770,973	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	-43,275,644	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	13,359,426	0	0	0	37.00
38.00 Salaries, wages, and fees payable	7,770,046	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	231,643	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	13,773,255	0	0	0	43.00
44.00 Other current liabilities	-387,982,878	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	-352,848,508	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	-67,712,197	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	-67,712,197	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	-420,560,705	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	377,285,061	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)	377,285,061	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	-43,275,644	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0004

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

Worksheet G-1

Date/Time Prepared:
7/16/2020 12:16 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		299,645,965		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		26,987,391				2.00
3.00	Total (sum of line 1 and line 2)		326,633,356		0		3.00
4.00	EQUITY TRANSFERS	50,651,705		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)		50,651,705		0		10.00
11.00	Subtotal (line 3 plus line 10)		377,285,061		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		377,285,061		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	EQUITY TRANSFERS		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0004

Period:
From 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
7/16/2020 12:16 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	39,968,737		39,968,737	1.00
2.00	SUBPROVIDER - IPF	18,418,511		18,418,511	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	58,387,248		58,387,248	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,411,060		11,411,060	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	NEWBORN INTENSIVE CARE UNIT	2,037,154		2,037,154	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	13,448,214		13,448,214	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	71,835,462		71,835,462	17.00
18.00	Ancillary services	168,683,432	0	168,683,432	18.00
19.00	Outpatient services	0	524,429,382	524,429,382	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		20,326,471	20,326,471	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON REIMBURSABLE COST CENTERS	0	1,007,573	1,007,573	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	240,518,894	545,763,426	786,282,320	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		203,684,189		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	ROUNDING	14			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)		14		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		203,684,175		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0004

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

Worksheet G-3

Date/Time Prepared:
7/16/2020 12:16 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	786,282,320	1.00
2.00	Less contractual allowances and discounts on patients' accounts	562,166,049	2.00
3.00	Net patient revenues (line 1 minus line 2)	224,116,271	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	203,684,175	4.00
5.00	Net income from service to patients (line 3 minus line 4)	20,432,096	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	447,351	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	16,675	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	654,299	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	1,097,869	13.00
14.00	Revenue from meals sold to employees and guests	716,994	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	5,788	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	112,947	20.00
21.00	Rental of vending machines	11,645	21.00
22.00	Rental of hospital space	1,252,971	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER MISCELLANEOUS REVENUE	2,238,756	24.00
25.00	Total other income (sum of lines 6-24)	6,555,295	25.00
26.00	Total (line 5 plus line 25)	26,987,391	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	26,987,391	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0004

Period:

Worksheet H

HHA CCN: 15-7145

From 01/01/2019

Date/Time Prepared:

To 12/31/2019

7/16/2020 12:16 pm

Home Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		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	1,477,102	0	35,621	5,746	206,826	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,396,778	0	127,183	0	2,523,961	6.00
7.00	Physical Therapy	1,114,614	0	62,868	978,573	2,156,055	7.00
8.00	Occupational Therapy	9,700	0	0	36,498	46,198	8.00
9.00	Speech Pathology	0	0	0	46,639	46,639	9.00
10.00	Medical Social Services	2,132	0	0	0	2,132	10.00
11.00	Home Health Aide	125,835	0	0	0	125,835	11.00
12.00	Supplies (see instructions)	0	0	0	0	114,844	12.00
13.00	Drugs	0	0	0	0	5,657	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	5,126,161	0	225,672	1,067,456	327,327	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	-122,250	1,603,045	-578	1,602,467		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	2,523,961	0	2,523,961		6.00
7.00	Physical Therapy	0	2,156,055	0	2,156,055		7.00
8.00	Occupational Therapy	0	46,198	0	46,198		8.00
9.00	Speech Pathology	0	46,639	0	46,639		9.00
10.00	Medical Social Services	0	2,132	0	2,132		10.00
11.00	Home Health Aide	0	125,835	0	125,835		11.00
12.00	Supplies (see instructions)	0	114,844	0	114,844		12.00
13.00	Drugs	0	5,657	0	5,657		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)	-122,250	6,624,366	-578	6,623,788		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: 15-0004

Period:

Worksheet H-1

HHA CCN: 15-7145

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
7/16/2020 12:16 pmHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
			0	1.00				
	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	1,602,467	0	0	0	0	1,602,467	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,523,961	0	0	0	0	2,523,961	6.00
7.00	Physical Therapy	2,156,055	0	0	0	0	2,156,055	7.00
8.00	Occupational Therapy	46,198	0	0	0	0	46,198	8.00
9.00	Speech Pathology	46,639	0	0	0	0	46,639	9.00
10.00	Medical Social Services	2,132	0	0	0	0	2,132	10.00
11.00	Home Health Aide	125,835	0	0	0	0	125,835	11.00
12.00	Supplies (see instructions)	114,844	0	0	0	0	114,844	12.00
13.00	Drugs	5,657	0	0	0	0	5,657	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)	6,623,788	0	0	0	0	6,623,788	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	1,602,467						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	805,478	3,329,439					6.00
7.00	Physical Therapy	688,068	2,844,123					7.00
8.00	Occupational Therapy	14,743	60,941					8.00
9.00	Speech Pathology	14,884	61,523					9.00
10.00	Medical Social Services	680	2,812					10.00
11.00	Home Health Aide	40,158	165,993					11.00
12.00	Supplies (see instructions)	36,651	151,495					12.00
13.00	Drugs	1,805	7,462					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)		6,623,788					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0004

Period:

Worksheet H-1

HHA CCN: 15-7145

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
7/16/2020 12:16 pmHome 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	-1,602,467	5,021,321	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	2,523,961	6.00	
7.00	Physical Therapy	0	0	0	0	0	2,156,055	7.00	
8.00	Occupational Therapy	0	0	0	0	0	46,198	8.00	
9.00	Speech Pathology	0	0	0	0	0	46,639	9.00	
10.00	Medical Social Services	0	0	0	0	0	2,132	10.00	
11.00	Home Health Aide	0	0	0	0	0	125,835	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	114,844	12.00	
13.00	Drugs	0	0	0		0	5,657	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	-1,602,467	5,021,321	24.00	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,602,467	25.00	
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.319133	26.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0004

Period:

Worksheet H-2

HHA CCN: 15-7145

From 01/01/2019

Part I

To 12/31/2019

Date/Time Prepared:

7/16/2020 12:16 pm

Home Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.05	
1.00	Administrative and General	0	157,111	34,640	1,415,256	1,607,007	291,013	1.00
2.00	Skilled Nursing Care	3,329,439	0	0	0	3,329,439	602,929	2.00
3.00	Physical Therapy	2,844,123	0	0	0	2,844,123	515,042	3.00
4.00	Occupational Therapy	60,941	0	0	0	60,941	11,036	4.00
5.00	Speech Pathology	61,523	0	0	0	61,523	11,141	5.00
6.00	Medical Social Services	2,812	0	0	0	2,812	509	6.00
7.00	Home Health Aide	165,993	0	0	0	165,993	30,060	7.00
8.00	Supplies (see instructions)	151,495	0	0	0	151,495	27,434	8.00
9.00	Drugs	7,462	0	0	0	7,462	1,351	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)	6,623,788	157,111	34,640	1,415,256	8,230,795	1,490,515	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	149,904	259,810	0	87,622	0	126,495	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)	149,904	259,810	0	87,622	0	126,495	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: 15-0004

Period:

Worksheet H-2

HHA CCN: 15-7145

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
7/16/2020 12:16 pmHome Health
Agency I

PPS

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	
		13.00	14.00	15.00	16.00	17.00	22.00	
1.00	Administrative and General	509,020	0	0	69,395	1,728	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)	509,020	0	0	69,395	1,728	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		PARAMED ED PRGM	PARAMED ED PRGM - LAB 4+1	PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESP THER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT	
		23.00	23.01	23.02	23.03	23.04	23.05	
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: 15-0004

Period:

Worksheet H-2

HHA CCN: 15-7145

From 01/01/2019

Part I

To 12/31/2019

Date/Time Prepared:

7/16/2020 12:16 pm

Home Health
Agency I

PPS

Cost Center Description		PARAMED ED PRGM - LAB 3+1	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.06	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	3,101,994	0	3,101,994			1.00
2.00	Skilled Nursing Care	0	3,932,368	0	3,932,368	1,559,212	5,491,580	2.00
3.00	Physical Therapy	0	3,359,165	0	3,359,165	1,331,936	4,691,101	3.00
4.00	Occupational Therapy	0	71,977	0	71,977	28,539	100,516	4.00
5.00	Speech Pathology	0	72,664	0	72,664	28,812	101,476	5.00
6.00	Medical Social Services	0	3,321	0	3,321	1,317	4,638	6.00
7.00	Home Health Aide	0	196,053	0	196,053	77,737	273,790	7.00
8.00	Supplies (see instructions)	0	178,929	0	178,929	70,947	249,876	8.00
9.00	Drugs	0	8,813	0	8,813	3,494	12,307	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	10,925,284	0	10,925,284	3,101,994	10,925,284	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.					0.396508		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: 15-0004

Period:

Worksheet H-2

HHA CCN: 15-7145

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
7/16/2020 12:16 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5A.05	5.05	6.00	
1.00	Administrative and General	11,759	23,125	5,126,161	0	1,607,007	11,759	1.00
2.00	Skilled Nursing Care	0	0	0	0	3,329,439	0	2.00
3.00	Physical Therapy	0	0	0	0	2,844,123	0	3.00
4.00	Occupational Therapy	0	0	0	0	60,941	0	4.00
5.00	Speech Pathology	0	0	0	0	61,523	0	5.00
6.00	Medical Social Services	0	0	0	0	2,812	0	6.00
7.00	Home Health Aide	0	0	0	0	165,993	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	151,495	0	8.00
9.00	Drugs	0	0	0	0	7,462	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)	11,759	23,125	5,126,161	0	8,230,795	11,759	20.00
21.00	Total cost to be allocated	157,111	34,640	1,415,256	0	1,490,515	149,904	21.00
22.00	Unit cost multiplier	13.360915	1.497946	0.276085	0	0.181090	12.748023	22.00
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	NURSING ADMINISTRATION (DIRECT NRS ING)	
		7.00	8.00	9.00	10.00	11.00	13.00	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	11,759	0	11,759	0	139,769	35,264	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)	11,759	0	11,759	0	139,769	35,264	20.00
21.00	Total cost to be allocated	259,810	0	87,622	0	126,495	509,020	21.00
22.00	Unit cost multiplier	22.094566	0.000000	7.451484	0.000000	0.905029	14.434551	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0004

Period:

Worksheet H-2

HHA CCN: 15-7145

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
7/16/2020 12:16 pmHome Health
Agency I

PPS

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICES (GROSS CHAR GES)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	22.00	23.00	
1.00	Administrative and General	0	0	20,326,471	20,326,471	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	20,326,471	20,326,471	0	0	20.00
21.00	Total cost to be allocated	0	0	69,395	1,728	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.003414	0.000085	0.000000	0.000000	22.00
Cost Center Description		PARAMED ED PRGM - LAB 4+1 (ASSIGNED TIME)	PARAMED ED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED ED PRGM - RESP THER (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM-EMT (ASSIGNED TIME)	PARAMED ED PRGM - LAB 3+1 (ASSIGNED TIME)	
		23.01	23.02	23.03	23.04	23.05	23.06	
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

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0004

Period:

Worksheet H-3

HHA CCN: 15-7145

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
7/16/2020 12:16 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	5,491,580		5,491,580	21,209	258.93	1.00
2.00	Physical Therapy	3.00	4,691,101	0	4,691,101	20,886	224.61	2.00
3.00	Occupational Therapy	4.00	100,516	0	100,516	446	225.37	3.00
4.00	Speech Pathology	5.00	101,476	0	101,476	480	211.41	4.00
5.00	Medical Social Services	6.00	4,638		4,638	34	136.41	5.00
6.00	Home Health Aide	7.00	273,790		273,790	3,856	71.00	6.00
7.00	Total (sum of lines 1-6)		10,663,101	0	10,663,101	46,911		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	8			8.00
8.01	Skilled Nursing Care		23844	0	8,999			8.01
8.02	Skilled Nursing Care		33140	0	3,853			8.02
9.00	Physical Therapy		16974	0	4			9.00
9.01	Physical Therapy		23844	0	7,853			9.01
9.02	Physical Therapy		33140	0	5,581			9.02
10.00	Occupational Therapy		16974	0	0			10.00
10.01	Occupational Therapy		23844	0	242			10.01
10.02	Occupational Therapy		33140	0	67			10.02
11.00	Speech Pathology		16974	0	0			11.00
11.01	Speech Pathology		23844	0	202			11.01
11.02	Speech Pathology		33140	0	102			11.02
12.00	Medical Social Services		16974	0	0			12.00
12.01	Medical Social Services		23844	0	23			12.01
12.02	Medical Social Services		33140	0	3			12.02
13.00	Home Health Aide		16974	0	0			13.00
13.01	Home Health Aide		23844	0	2,785			13.01
13.02	Home Health Aide		33140	0	724			13.02
14.00	Total (sum of lines 8-13)			0	30,446			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	249,876	0	249,876	169,200	1.476809	15.00
16.00	Cost of Drugs	9.00	12,307	0	12,307	40,665	0.302644	16.00
Cost Center Description		Program Visits			Cost of Services			
		Part A	Part B		Part A	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	12,860		0	3,329,840		1.00
2.00	Physical Therapy	0	13,438		0	3,018,309		2.00
3.00	Occupational Therapy	0	309		0	69,639		3.00
4.00	Speech Pathology	0	304		0	64,269		4.00
5.00	Medical Social Services	0	26		0	3,547		5.00
6.00	Home Health Aide	0	3,509		0	249,139		6.00
7.00	Total (sum of lines 1-6)	0	30,446		0	6,734,743		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0004

Period:

Worksheet H-3

HHA CCN: 15-7145

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
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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	114,959	0	0	169,772	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	3,329,840							1.00
2.00	Physical Therapy	3,018,309							2.00
3.00	Occupational Therapy	69,639							3.00
4.00	Speech Pathology	64,269							4.00
5.00	Medical Social Services	3,547							5.00
6.00	Home Health Aide	249,139							6.00
7.00	Total (sum of lines 1-6)	6,734,743							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: 15-0004

Period:

Worksheet H-3

HHA CCN: 15-7145

From 01/01/2019
To 12/31/2019Part II
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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	0.793796	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.218631	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.350638	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.354752	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.149519	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2019 To 12/31/2019	Worksheet H-4 Part I-II Date/Time Prepared: 7/16/2020 12:16 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	6,347	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)	0	-6,347	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	4,606,533	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	524,524	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	103,419	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	70,529	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	138,282	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	3,595	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	5,440,535	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	5,440,535	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	5,440,535	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	5,440,535	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	5,440,535	31.00
31.01	Sequestration adjustment (see instructions)	0	108,812	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
32.00	Interim payments (see instructions)	0	5,331,723	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: 15-0004

Period:

Worksheet H-5

HHA CCN: 15-7145

From 01/01/2019

Date/Time Prepared:

To 12/31/2019

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		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		5,331,723	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		5,331,723	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		5,331,723	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0004	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 7/16/2020 12:16 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,511,796	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		76,089	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)		65.00	3.00
4.00	Number of interns & residents (see instructions)		7.29	4.00
5.00	Indirect medical education percentage (see instructions)		3.21	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)		48,529	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		8.14	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		25.83	8.00
9.00	Sum of lines 7 and 8		33.97	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.12	10.00
11.00	Disproportionate share adjustment (see instructions)		107,640	11.00
12.00	Total prospective capital payments (see instructions)		1,744,054	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