

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: 18-0102	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 8/23/2020 10:00 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report Date: 8/23/2020 Time: 10:00 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 MERCY HEALTH LOURDES HOSPITAL LLC (18-0102) 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) BILLIE JEAN MOUNTS
Officer or Administrator of Provider(s)

CHIEF REVENUE OFFICER
Title

(Dated when report is electronically signed.)
Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-105,027	-82,405	0	1,032,605	1.00
2.00	Subprovider - IPF	0	8,605	64		0	2.00
3.00	Subprovider - IRF	0	-25,397	-32		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
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	-121,819	-82,373	0	1,032,605	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: 18-0102	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 8/23/2020 10:00 pm	
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	1.00		2.00		3.00		4.00					
	Hospital and Hospital Health Care Complex Address:											
1.00	Street:1530 LONE OAK ROAD			PO Box:							1.00	
2.00	City: PADUCAH			State: KY		Zip Code: 42003		County: MC CRACKEN			2.00	
			Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
									V	XVIII	XIX	
			1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		MERCY HEALTH LOURDES HOSPITAL LLC		180102	99918	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		LOURDES HOSPITAL GERI PSYCH UNIT		18S102	99918	4	01/01/2016	N	P	O	4.00
5.00	Subprovider - IRF		LOURDES REHAB UNIT		18T102	99918	5	01/10/1985	N	P	O	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA		LOURDES HOMECARE		187100	99918		01/01/1988	N	P	N	12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice		LOURDES HOSPICE		181507	99918		01/27/1987				14.00
14.01	Hospital-Based Hospice II		LOURDES HOSPICE IL		141548	99918		04/15/1992				14.01
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
								From:		To:		
								1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)							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 Y	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
8/23/2020 10:00 pm

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	293	466	179	630	7,482	199	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	13	0	27	403		25.00
					Urban/Rural S	Date of Geogr	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					N		
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 18-0102		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/23/2020 10:00 pm	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		N				60.00
			Y/N	IME	Direct GME	IME	Direct GME
			1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
			1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.00	0.00
					0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 18-0102

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

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	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	Y	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	5.00	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	Y	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	5.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 18-0102	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 8/23/2020 10:00 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1,311,142	81,020	0118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB0359	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 18-0102		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/23/2020 10:00 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: MERCY HEALTH PARTNERS		Contractor's Name: CGS		Contractor's Number: 15201		141.00		
142.00	Street: 1701 MERCY HEALTH PLACE		PO Box:				142.00		
143.00	City: CINCINNATI		State: OH		Zip Code: 45237		143.00		
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					Y	N	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N		146.00	
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							Y	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N	155.00	
156.00	Subprovider - IPF			N	N	N	N	156.00	
157.00	Subprovider - IRF			N	N	N	N	157.00	
158.00	SUBPROVIDER							158.00	
159.00	SNF			N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY			N	N	N	N	160.00	
161.00	CMHC				N	N	N	161.00	
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	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: 18-0102	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 8/23/2020 10:00 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/04/2019
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/18/2020	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		
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		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
8/23/2020 10:00 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.	JAKE	CARNAZZO		41.00
42.00	Enter the employer/company name of the cost report preparer.	MERCY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	5139524046	JCARNAZZO@MERCY.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
8/23/2020 10:00 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.	REIMBURSEMENT MANAGER	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: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/23/2020 10:00 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	239	87,235	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)		239	87,235	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	12	4,380	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		265	96,725	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	13	4,745		0	16.00
17.00 SUBPROVIDER - IRF	41.00	28	10,220		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	10	3,650			24.00
24.01 HOSPICE II	116.01	10	3,650			24.01
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		326				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)		3	1,095			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: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/23/2020 10:00 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)	14,434	254	33,516			1.00
2.00 HMO and other (see instructions)	6,299	8,757				2.00
3.00 HMO IPF Subprovider	220	443				3.00
4.00 HMO IRF Subprovider	610	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)	14,434	254	33,516			7.00
8.00 INTENSIVE CARE UNIT	1,588	27	3,173			8.00
9.00 CORONARY CARE UNIT	1,057	11	2,189			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1	1,364			13.00
14.00 Total (see instructions)	17,079	293	40,242	0.00	813.97	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	550	0	1,421	0.00	11.32	16.00
17.00 SUBPROVIDER - IRF	3,634	0	5,557	0.00	20.25	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						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	60,158	4,481	64,639	0.00	60.95	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	1,135	191	1,564	0.00	67.14	24.00
24.01 HOSPICE II	0	0	0	0.00	0.22	24.01
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	973.85	27.00
28.00 Observation Bed Days		34	4,646			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	199	319			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: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/23/2020 10:00 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,461	136	11,042	1.00
2.00 HMO and other (see instructions)			1,431	2,350		2.00
3.00 HMO IPF Subprovider				72		3.00
4.00 HMO IRF Subprovider				28		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,461	136	11,042	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	121	122	327	16.00
17.00 SUBPROVIDER - IRF	0.00	0	290	11	417	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.01 HOSPICE II	0.00					24.01
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
8/23/2020 10:00 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	59,782,875	0	59,782,875	2,025,582.75	29.51
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		6,762	0	6,762	64.00	105.66
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		10,807,004	264,997	11,072,001	369,423.99	29.97
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		56,673	0	56,673	1,142.00	49.63
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		186,775	0	186,775	1,882.00	99.24
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		16,923,413	0	16,923,413	417,927.00	40.49
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)		19,558,062	0	19,558,062		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		4,640,278	0	4,640,278		
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		2,738	0	2,738		
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)		13,680,194	0	13,680,194		
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: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
8/23/2020 10:00 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	811,625	-811,625	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	4,085,948	56,084	4,142,032	131,220.18	31.57	27.00
28.00	Administrative & General under contract (see inst.)		2,783,615	0	2,783,615	78,441.00	35.49	28.00
29.00	Maintenance & Repairs	6.00	597,223	8,220	605,443	25,388.30	23.85	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,263,159	-358,049	905,110	64,112.21	14.12	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	375,434	375,434	27,115.82	13.85	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	708,087	9,745	717,832	16,119.54	44.53	38.00
39.00	Central Services and Supply	14.00	14,120	194	14,314	495.21	28.90	39.00
40.00	Pharmacy	15.00	2,254,223	31,025	2,285,248	50,705.55	45.07	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	1,002,490	13,797	1,016,287	32,319.77	31.44	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part III
Date/Time Prepared:
8/23/2020 10:00 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)	62,559,728	0	62,559,728	2,103,959.75	29.73	1.00
2.00	Excluded area salaries (see instructions)	10,807,004	264,997	11,072,001	369,423.99	29.97	2.00
3.00	Subtotal salaries (line 1 minus line 2)	51,752,724	-264,997	51,487,727	1,734,535.76	29.68	3.00
4.00	Subtotal other wages & related costs (see inst.)	17,166,861	0	17,166,861	420,951.00	40.78	4.00
5.00	Subtotal wage-related costs (see inst.)	33,238,256	0	33,238,256	0.00	64.56	5.00
6.00	Total (sum of lines 3 thru 5)	102,157,841	-264,997	101,892,844	2,155,486.76	47.27	6.00
7.00	Total overhead cost (see instructions)	13,520,490	-675,175	12,845,315	425,917.58	30.16	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 18-0102	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part IV Date/Time Prepared: 8/23/2020 10:00 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		4,832,997	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		8,707,813	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		2,344,705	9.00
10.00	Dental, Hearing and Vision Plan		558,308	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		87,750	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)		392,425	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		632,987	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		6,374,974	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		77,183	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		191,935	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		24,201,077	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: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part V
Date/Time Prepared:
8/23/2020 10:00 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	56,673	24,201,078	1.00
2.00	Hospital	56,673	19,558,062	2.00
3.00	Subprovider - IPF	0	272,951	3.00
4.00	Subprovider - IRF	0	484,884	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			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	1,984,737	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	1,857,356	13.00
13.01	Hospital-Based Hospice 1	0	0	13.01
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	43,088	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 18-0102 Component CCN: 18-7100		Period: From 01/01/2019 To 12/31/2019		Worksheet S-4 Date/Time Prepared: 8/23/2020 10:00 pm	
						Home Health Agency I		PPS	
						1.00			
0.00	County			MCCRACKEN				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	3,521	145	45	3,711	1.00
2.00	Unduplicated Census Count (see instructions)			0.00	1,680.00	276.00	1,074.00	2,948.00	2.00
				Number of Employees (Full Time Equivalent)					
				Enter the number of hours in your normal work week		Staff	Contract	Total	
				0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES									
3.00	Administrator and Assistant Administrator(s)			40.00	0.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)				1.00	0.00	1.00	4.00	
5.00	Other Administrative Personnel				9.39	0.00	9.39	5.00	
6.00	Direct Nursing Service				35.95	0.00	35.95	6.00	
7.00	Nursing Supervisor				2.00	0.00	2.00	7.00	
8.00	Physical Therapy Service				22.77	0.00	22.77	8.00	
9.00	Physical Therapy Supervisor				0.75	0.00	0.75	9.00	
10.00	Occupational Therapy Service				4.89	0.00	4.89	10.00	
11.00	Occupational Therapy Supervisor				0.90	0.00	0.90	11.00	
12.00	Speech Pathology Service				1.84	0.00	1.84	12.00	
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00	
14.00	Medical Social Service				1.00	0.00	1.00	14.00	
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00	
16.00	Home Health Aide				1.78	0.00	1.78	16.00	
17.00	Home Health Aide Supervisor				0.00	0.00	0.00	17.00	
18.00	Other (specify)				0.00	0.00	0.00	18.00	
HOME HEALTH AGENCY CBSA CODES									
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				2			19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).				99914			20.00	
20.01					99918			20.01	
				Full Episodes					
				Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
				1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA									
21.00	Skilled Nursing Visits			11,271	2,042	374	262	13,949	21.00
22.00	Skilled Nursing Visit Charges			3,155,760	571,760	104,720	73,360	3,905,600	22.00
23.00	Physical Therapy Visits			12,988	1,161	96	389	14,634	23.00
24.00	Physical Therapy Visit Charges			2,987,240	267,030	22,080	89,470	3,365,820	24.00
25.00	Occupational Therapy Visits			2,636	527	27	157	3,347	25.00
26.00	Occupational Therapy Visit Charges			611,552	122,264	6,264	36,424	776,504	26.00
27.00	Speech Pathology Visits			694	261	7	27	989	27.00
28.00	Speech Pathology Visit Charges			161,008	60,552	1,624	6,264	229,448	28.00
29.00	Medical Social Service Visits			277	51	5	19	352	29.00
30.00	Medical Social Service Visit Charges			57,616	10,608	1,040	3,952	73,216	30.00
31.00	Home Health Aide Visits			904	351	1	7	1,263	31.00
32.00	Home Health Aide Visit Charges			72,320	28,080	80	560	101,040	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)			28,770	4,393	510	861	34,534	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)			7,045,496	1,060,294	135,808	210,030	8,451,628	35.00
36.00	Total Number of Episodes (standard/non outlier)			1,811		187	46	2,044	36.00
37.00	Total Number of Outlier Episodes				114		16	130	37.00
38.00	Total Non-Routine Medical Supply Charges			139,596	39,666	7,734	2,291	189,287	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 18-0102

Period:

Worksheet S-9

Hospice CCN: 18-1507

From 01/01/2019
To 12/31/2019PARTS I THROUGH IV
Date/Time Prepared:
8/23/2020 10:00 pm

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	53,324	3,074	2,663	59,061	11.00
12.00	Hospice Inpatient Respite Care	286	5	83	374	12.00
13.00	Hospice General Inpatient Care	1,687	195	351	2,233	13.00
14.00	Total Hospice Days	55,297	3,274	3,097	61,668	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	2	0	0	2	15.00
16.00	Hospice General Inpatient Care	86	0	0	86	16.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 18-0102

Period:

Worksheet S-9

Hospice CCN: 14-1548

From 01/01/2019
To 12/31/2019PARTS I THROUGH IV
Date/Time Prepared:
8/23/2020 10:00 pm

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	10,170	0	277	10,447	11.00
12.00	Hospice Inpatient Respite Care	63	0	0	63	12.00
13.00	Hospice General Inpatient Care	162	0	0	162	13.00
14.00	Total Hospice Days	10,395	0	277	10,672	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	62	0	0	62	15.00
16.00	Hospice General Inpatient Care	156	0	0	156	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 18-0102	Period: From 01/01/2019 To 12/31/2019	Worksheet S-10 Date/Time Prepared: 8/23/2020 10:00 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)		0.193597	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		29,012,572	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		162,090,547	6.00
7.00	Medicaid cost (line 1 times line 6)		31,380,244	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)		2,367,672	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)		2,367,672	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)	11,091,443	680,874	11,772,317
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,147,270	680,874	2,828,144
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)	2,147,270	680,874	2,828,144
				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)		16,477,194	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,212,286	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,865,056	27.01
28.00	Non-Medicare bad debt expense (see instructions)		14,612,138	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,481,636	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		6,309,780	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		8,677,452	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0102

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

Worksheet A

Date/Time Prepared:
8/23/2020 10:00 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	4,134,113	4,134,113	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	5,610,062	5,610,062	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	811,625	11,608,347	12,419,972	1,547,709	13,967,681	4.00
5.01	00540	NONPATIENT TELEPHONES	189,434	14,818	204,252	2,534	206,786	5.01
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	3,896,514	49,058,656	52,955,170	-4,655,261	48,299,909	5.05
6.00	00600	MAINTENANCE & REPAIRS	597,223	7,197,419	7,794,642	-47,233	7,747,409	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	734,842	734,842	0	734,842	8.00
9.00	00900	HOUSEKEEPING	0	2,484,445	2,484,445	-88	2,484,357	9.00
10.00	01000	DIETARY	1,263,159	1,452,925	2,716,084	-805,781	1,910,303	10.00
11.00	01100	CAFETERIA	0	0	0	800,549	800,549	11.00
13.00	01300	NURSING ADMINISTRATION	708,087	164,317	872,404	9,673	882,077	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,120	567,193	581,313	-239,275	342,038	14.00
15.00	01500	PHARMACY	2,254,223	26,292,240	28,546,463	-25,973,649	2,572,814	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,002,490	239,660	1,242,150	13,543	1,255,693	17.00
18.00	01850	PATIENT TRANSPORT	0	490,688	490,688	0	490,688	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,499,061	7,522,304	20,021,365	-1,042,014	18,979,351	30.00
31.00	03100	INTENSIVE CARE UNIT	1,956,202	448,284	2,404,486	-22,904	2,381,582	31.00
32.00	03200	CORONARY CARE UNIT	1,391,811	233,217	1,625,028	-5,143	1,619,885	32.00
40.00	04000	SUBPROVIDER - IPF	635,317	62,876	698,193	87,067	785,260	40.00
41.00	04100	SUBPROVIDER - IRF	1,128,608	149,232	1,277,840	40,080	1,317,920	41.00
43.00	04300	NURSERY	0	0	0	156,850	156,850	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,276,554	22,124,151	26,400,705	-18,276,258	8,124,447	50.00
50.01	05001	REHAB MEDICINE	928,516	91,557	1,020,073	-61,281	958,792	50.01
51.00	05100	RECOVERY ROOM	371,880	78,587	450,467	1,882	452,349	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	731,971	731,971	52.00
53.00	05300	ANESTHESIOLOGY	32,488	1,965,830	1,998,318	-79,625	1,918,693	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,546,421	3,153,694	5,700,115	-2,287,226	3,412,889	54.00
54.01	03630	ULTRA SOUND	337,965	107,555	445,520	9,975	455,495	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	264,089	839,730	1,103,819	40,938	1,144,757	56.01
57.00	05700	CT SCAN	519,520	315,324	834,844	102,364	937,208	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,576,001	5,840,216	7,416,217	-6,500,071	916,146	59.00
60.00	06000	LABORATORY	2,308,040	4,280,881	6,588,921	31,291	6,620,212	60.00
64.00	06400	INTRAVENOUS THERAPY	964,340	965,268	1,929,608	-2,344	1,927,264	64.00
65.00	06500	RESPIRATORY THERAPY	992,646	233,564	1,226,210	12,580	1,238,790	65.00
66.00	06600	PHYSICAL THERAPY	978,983	184,506	1,163,489	-107,871	1,055,618	66.00
67.00	06700	OCCUPATIONAL THERAPY	264,919	19,831	284,750	34,242	318,992	67.00
68.00	06800	SPEECH PATHOLOGY	153,524	12,477	166,001	40,638	206,639	68.00
69.00	06900	ELECTROCARDIOLOGY	1,108,233	482,639	1,590,872	50,883	1,641,755	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	470,720	241,135	711,855	-164,208	547,647	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,105,213	8,105,213	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,726,722	18,726,722	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	26,902,634	26,902,634	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	1,029,814	1,029,814	-9,133	1,020,681	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	566,676	760,002	1,326,678	-47,366	1,279,312	76.02
76.03	03020	PICC LINE TEAM	48,539	97,256	145,795	-112,815	32,980	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	99,951	8,982	108,933	56,321	165,254	90.01
90.02	09002	PAIN MANAGEMENT	713,527	381,587	1,095,114	23,440	1,118,554	90.02
91.00	09100	EMERGENCY	2,868,390	2,600,701	5,469,091	-130,442	5,338,649	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	155,661	155,661	0	155,661	95.00
101.00	10100	HOME HEALTH AGENCY	4,619,638	4,730,376	9,350,014	-3,254,556	6,095,458	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	4,323,150	8,085,621	12,408,771	-3,878,431	8,530,340	116.00
116.01	11601	HOSPICE II	0	411,169	411,169	437,746	848,915	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	59,682,584	167,919,577	227,602,161	8,045	227,610,206	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,231	359,556	369,787	-15,410	354,377	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0102

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

Worksheet A

Date/Time Prepared:
8/23/2020 10:00 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	90,060	79,240	169,300	1,240	170,540	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	6,125	6,125	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	59,782,875	168,358,373	228,141,248	0	228,141,248	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0102

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

Worksheet A

Date/Time Prepared:
8/23/2020 10:00 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	-472,183	3,661,930	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,996,726	8,606,788	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-369,935	13,597,746	4.00
5.01	00540	NONPATIENT TELEPHONES	-51,140	155,646	5.01
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	-7,797,162	40,502,747	5.05
6.00	00600	MAINTENANCE & REPAIRS	-27,739	7,719,670	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	734,842	8.00
9.00	00900	HOUSEKEEPING	0	2,484,357	9.00
10.00	01000	DIETARY	-1,686	1,908,617	10.00
11.00	01100	CAFETERIA	-610,707	189,842	11.00
13.00	01300	NURSING ADMINISTRATION	-173	881,904	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	736,519	1,078,557	14.00
15.00	01500	PHARMACY	0	2,572,814	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,183,715	2,183,715	16.00
17.00	01700	SOCIAL SERVICE	0	1,255,693	17.00
18.00	01850	PATIENT TRANSPORT	0	490,688	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,225,515	13,753,836	30.00
31.00	03100	INTENSIVE CARE UNIT	-50	2,381,532	31.00
32.00	03200	CORONARY CARE UNIT	0	1,619,885	32.00
40.00	04000	SUBPROVIDER - IPF	0	785,260	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,317,920	41.00
43.00	04300	NURSERY	-26,544	130,306	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	8,124,447	50.00
50.01	05001	REHAB MEDICINE	-44	958,748	50.01
51.00	05100	RECOVERY ROOM	0	452,349	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-123,871	608,100	52.00
53.00	05300	ANESTHESIOLOGY	-1,721,000	197,693	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-795	3,412,094	54.00
54.01	03630	ULTRA SOUND	0	455,495	54.01
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	1,144,757	56.01
57.00	05700	CT SCAN	0	937,208	57.00
59.00	05900	CARDIAC CATHETERIZATION	-336,207	579,939	59.00
60.00	06000	LABORATORY	-26,783	6,593,429	60.00
64.00	06400	INTRAVENOUS THERAPY	-291,668	1,635,596	64.00
65.00	06500	RESPIRATORY THERAPY	-1,500	1,237,290	65.00
66.00	06600	PHYSICAL THERAPY	-64,894	990,724	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	318,992	67.00
68.00	06800	SPEECH PATHOLOGY	0	206,639	68.00
69.00	06900	ELECTROCARDIOLOGY	-152,352	1,489,403	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,084	546,563	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,105,213	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,726,722	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-120	26,902,514	73.00
73.01	07301	RETAIL PHARMACY	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	1,020,681	74.00
76.00	03951	DIABETES	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	76.01
76.02	03030	WOUNDCARE	-146,392	1,132,920	76.02
76.03	03020	PICC LINE TEAM	0	32,980	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	165,254	90.01
90.02	09002	PAIN MANAGEMENT	-232,553	886,001	90.02
91.00	09100	EMERGENCY	-1,791,451	3,547,198	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	155,661	95.00
101.00	10100	HOME HEALTH AGENCY	0	6,095,458	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	8,530,340	116.00
116.01	11601	HOSPICE II	0	848,915	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-13,556,588	214,053,618	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	354,377	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	170,540	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0102

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

Worksheet A

Date/Time Prepared:
8/23/2020 10:00 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	194.01
194.02	07952	FOUNDATION	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	6,125	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-13,556,588	214,584,660	200.00

RECLASSIFICATIONS

Provider CCN: 18-0102

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

Worksheet A-6

Date/Time Prepared:
8/23/2020 10:00 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - LDRP					
1.00	NURSERY	43.00	91,959	68,582		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	429,144	320,050		2.00
	TOTALS		521,103	388,632		
	B - CAPITAL					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,120,472		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,589,600		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
	TOTALS		0	9,710,072		
	C - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	13,641		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	20,462		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	1,301		3.00
	TOTALS		0	35,404		
	D - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	26,902,634		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
	TOTALS		0	26,902,634		

RECLASSIFICATIONS

Provider CCN: 18-0102

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

Worksheet A-6

Date/Time Prepared:
8/23/2020 10:00 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	E - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	18,726,722		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
	TOTALS		0	18,726,722		
	F - CAFETERIA					
1.00	CAFETERIA	11.00	375,434	425,115		1.00
	TOTALS		375,434	425,115		
	G - EMPLOYEE BENEFITS					
1.00	NONPATIENT TELEPHONES	5.01	2,606	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	53,478	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	8,220	0		3.00
4.00	DIETARY	10.00	17,385	0		4.00
5.00	NURSING ADMINISTRATION	13.00	9,745	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	194	0		6.00
7.00	PHARMACY	15.00	31,025	0		7.00
8.00	SOCIAL SERVICE	17.00	13,797	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	172,025	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	26,923	0		10.00
11.00	CORONARY CARE UNIT	32.00	19,156	0		11.00
12.00	SUBPROVIDER - IPF	40.00	8,744	0		12.00
13.00	SUBPROVIDER - IRF	41.00	15,533	0		13.00
14.00	OPERATING ROOM	50.00	58,859	0		14.00
15.00	REHAB MEDICINE	50.01	12,779	0		15.00
16.00	RECOVERY ROOM	51.00	5,118	0		16.00
17.00	ANESTHESIOLOGY	53.00	447	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	35,047	0		18.00
19.00	ULTRA SOUND	54.01	4,651	0		19.00
20.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	3,635	0		20.00
21.00	CT SCAN	57.00	7,150	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	21,691	0		22.00
23.00	LABORATORY	60.00	31,766	0		23.00
24.00	INTRAVENOUS THERAPY	64.00	4,398	0		24.00
25.00	RESPIRATORY THERAPY	65.00	13,662	0		25.00
26.00	PHYSICAL THERAPY	66.00	13,474	0		26.00
27.00	OCCUPATIONAL THERAPY	67.00	3,646	0		27.00
28.00	SPEECH PATHOLOGY	68.00	2,113	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	15,253	0		29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	6,479	0		30.00
31.00	WOUNDCARE	76.02	7,799	0		31.00
32.00	PICC LINE TEAM	76.03	668	0		32.00
33.00	PARTIAL HOSPITAL PRG	90.01	1,376	0		33.00
34.00	PAIN MANAGEMENT	90.02	9,820	0		34.00
35.00	EMERGENCY	91.00	39,478	0		35.00
36.00	HOME HEALTH AGENCY	101.00	63,580	0		36.00
37.00	HOSPICE	116.00	59,500	0		37.00
38.00	PHYSICIANS' PRIVATE OFFICES	192.00	141	0		38.00
39.00	MEDICAL BUILDING AND OTHER	194.00	1,240	0		39.00
40.00	SNF CLOSING EXP	194.04	9,024	0		40.00
	TOTALS		811,625	0		
	H - DIRECTOR AND MANAGER					
1.00	SUBPROVIDER - IPF	40.00	79,490	0		1.00
2.00	SUBPROVIDER - IRF	41.00	27,745	0		2.00
3.00	ULTRA SOUND	54.01	25,785	0		3.00
4.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	42,644	0		4.00
5.00	CT SCAN	57.00	113,203	0		5.00
6.00	OCCUPATIONAL THERAPY	67.00	30,596	0		6.00
7.00	SPEECH PATHOLOGY	68.00	38,525	0		7.00
8.00	ELECTROCARDIOLOGY	69.00	49,139	0		8.00
9.00	PARTIAL HOSPITAL PRG	90.01	54,966	0		9.00
10.00	PAIN MANAGEMENT	90.02	43,796	0		10.00
	TOTALS		505,889	0		

RECLASSIFICATIONS

Provider CCN: 18-0102

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

Worksheet A-6

Date/Time Prepared:
8/23/2020 10:00 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	I - MED SUPPLY					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,105,213		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
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
	TOTALS		0	8,105,213		
	L - PALLIATIVE					
1.00	HOSPICE II	116.01	17,666	1,934		1.00
	TOTALS		17,666	1,934		
	M - HHA AND HOSPICE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,360,475		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	4,120,537		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	TOTALS		0	6,481,012		
	N - KY HOSPICE TO IL HOSPICE					
1.00	HOSPICE II	116.01	414,606	136,408		1.00
	TOTALS		414,606	136,408		
500.00	Grand Total: Increases		2,646,323	70,913,146		500.00

RECLASSIFICATIONS

Provider CCN: 18-0102

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

Worksheet A-6

Date/Time Prepared:
8/23/2020 10:00 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - LDRP							
1.00	ADULTS & PEDIATRICS	30.00	521,103	388,632	0		1.00	
2.00		0.00	0	0	0		2.00	
	TOTALS		521,103	388,632				
	B - CAPITAL							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,141	10		1.00	
2.00	NONPATIENT TELEPHONES	5.01	0	72	10		2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	8,825,801	0		3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	55,453	0		4.00	
5.00	HOUSEKEEPING	9.00	0	88	0		5.00	
6.00	DIETARY	10.00	0	22,610	0		6.00	
7.00	NURSING ADMINISTRATION	13.00	0	72	0		7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	154,799	0		8.00	
9.00	SOCIAL SERVICE	17.00	0	254	0		9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	3,174	0		10.00	
11.00	SUBPROVIDER - IPF	40.00	0	1,068	0		11.00	
12.00	SUBPROVIDER - IRF	41.00	0	163	0		12.00	
13.00	NURSERY	43.00	0	143	0		13.00	
14.00	OPERATING ROOM	50.00	0	45,057	0		14.00	
15.00	REHAB MEDICINE	50.01	0	1,181	0		15.00	
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	665	0		16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13,772	0		17.00	
18.00	CARDIAC CATHETERIZATION	59.00	0	2,404	0		18.00	
19.00	LABORATORY	60.00	0	404	0		19.00	
20.00	INTRAVENOUS THERAPY	64.00	0	6,742	0		20.00	
21.00	PHYSICAL THERAPY	66.00	0	97,301	0		21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	293	0		22.00	
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	126,891	0		23.00	
24.00	WOUNDCARE	76.02	0	8,654	0		24.00	
25.00	PAIN MANAGEMENT	90.02	0	20,972	0		25.00	
26.00	EMERGENCY	91.00	0	543	0		26.00	
27.00	HOME HEALTH AGENCY	101.00	0	169,914	0		27.00	
28.00	HOSPICE	116.00	0	142,742	0		28.00	
29.00	HOSPICE II	116.01	0	4,800	0		29.00	
30.00	SNF CLOSING EXP	194.04	0	2,899	0		30.00	
	TOTALS		0	9,710,072				
	C - INTEREST							
1.00	HOME HEALTH AGENCY	101.00	0	17,702	12		1.00	
2.00	HOSPICE	116.00	0	17,702	12		2.00	
3.00		0.00	0	0	0		3.00	
	TOTALS		0	35,404				
	D - DRUGS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	4,776	0		1.00	
2.00	DIETARY	10.00	0	7	0		2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	84,670	0		3.00	
4.00	PHARMACY	15.00	0	26,004,674	0		4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	161,049	0		5.00	
6.00	INTENSIVE CARE UNIT	31.00	0	49,827	0		6.00	
7.00	CORONARY CARE UNIT	32.00	0	24,299	0		7.00	
8.00	SUBPROVIDER - IPF	40.00	0	99	0		8.00	
9.00	SUBPROVIDER - IRF	41.00	0	3,035	0		9.00	
10.00	NURSERY	43.00	0	2,493	0		10.00	
11.00	OPERATING ROOM	50.00	0	161,350	0		11.00	
12.00	RECOVERY ROOM	51.00	0	3,236	0		12.00	
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	11,634	0		13.00	
14.00	ANESTHESIOLOGY	53.00	0	80,072	0		14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	41,293	0		15.00	
16.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	5,341	0		16.00	
17.00	CT SCAN	57.00	0	8,583	0		17.00	
18.00	CARDIAC CATHETERIZATION	59.00	0	50,599	0		18.00	
19.00	LABORATORY	60.00	0	71	0		19.00	
20.00	RESPIRATORY THERAPY	65.00	0	1,082	0		20.00	
21.00	PHYSICAL THERAPY	66.00	0	57	0		21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	13,207	0		22.00	
23.00	RENAL DIALYSIS	74.00	0	9,133	0		23.00	
24.00	WOUNDCARE	76.02	0	11,246	0		24.00	
25.00	PICC LINE TEAM	76.03	0	403	0		25.00	
26.00	PARTIAL HOSPITAL PRG	90.01	0	21	0		26.00	
27.00	PAIN MANAGEMENT	90.02	0	1,000	0		27.00	
28.00	EMERGENCY	91.00	0	169,377	0		28.00	
	TOTALS		0	26,902,634				

RECLASSIFICATIONS

Provider CCN: 18-0102

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

Worksheet A-6

Date/Time Prepared:
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		Decreases					8/23/2020 10:00 pm	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
E - IMPLANTS								
1.00	ADULTS & PEDIATRICS	30.00	0	2,814	0		1.00	
2.00	NURSERY	43.00	0	1,055	0		2.00	
3.00	OPERATING ROOM	50.00	0	14,332,622	0		3.00	
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	4,924	0		4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	689,399	0		5.00	
6.00	CARDIAC CATHETERIZATION	59.00	0	3,655,239	0		6.00	
7.00	WOUNDCARE	76.02	0	35,265	0		7.00	
8.00	PAIN MANAGEMENT	90.02	0	5,404	0		8.00	
TOTALS			0	18,726,722				
F - CAFETERIA								
1.00	DIETARY	10.00	375,434	425,115	0		1.00	
TOTALS			375,434	425,115				
G - EMPLOYEE BENEFITS								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	811,625	0	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
8.00		0.00	0	0	0		8.00	
9.00		0.00	0	0	0		9.00	
10.00		0.00	0	0	0		10.00	
11.00		0.00	0	0	0		11.00	
12.00		0.00	0	0	0		12.00	
13.00		0.00	0	0	0		13.00	
14.00		0.00	0	0	0		14.00	
15.00		0.00	0	0	0		15.00	
16.00		0.00	0	0	0		16.00	
17.00		0.00	0	0	0		17.00	
18.00		0.00	0	0	0		18.00	
19.00		0.00	0	0	0		19.00	
20.00		0.00	0	0	0		20.00	
21.00		0.00	0	0	0		21.00	
22.00		0.00	0	0	0		22.00	
23.00		0.00	0	0	0		23.00	
24.00		0.00	0	0	0		24.00	
25.00		0.00	0	0	0		25.00	
26.00		0.00	0	0	0		26.00	
27.00		0.00	0	0	0		27.00	
28.00		0.00	0	0	0		28.00	
29.00		0.00	0	0	0		29.00	
30.00		0.00	0	0	0		30.00	
31.00		0.00	0	0	0		31.00	
32.00		0.00	0	0	0		32.00	
33.00		0.00	0	0	0		33.00	
34.00		0.00	0	0	0		34.00	
35.00		0.00	0	0	0		35.00	
36.00		0.00	0	0	0		36.00	
37.00		0.00	0	0	0		37.00	
38.00		0.00	0	0	0		38.00	
39.00		0.00	0	0	0		39.00	
40.00		0.00	0	0	0		40.00	
TOTALS			811,625	0				
H - DIRECTOR AND MANAGER								
1.00	ADULTS & PEDIATRICS	30.00	134,456	0	0		1.00	
2.00	REHAB MEDICINE	50.01	72,879	0	0		2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	154,449	0	0		3.00	
4.00	CARDIAC CATHETERIZATION	59.00	76,322	0	0		4.00	
5.00	PHYSICAL THERAPY	66.00	23,987	0	0		5.00	
6.00	ELECTROENCEPHALOGRAPHY	70.00	43,796	0	0		6.00	
7.00		0.00	0	0	0		7.00	
8.00		0.00	0	0	0		8.00	
9.00		0.00	0	0	0		9.00	
10.00		0.00	0	0	0		10.00	
TOTALS			505,889	0				
I - MED SUPPLY								
1.00	ADULTS & PEDIATRICS	30.00	0	2,811	0		1.00	
2.00	OPERATING ROOM	50.00	0	3,796,088	0		2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,423,360	0		3.00	
4.00	ULTRA SOUND	54.01	0	20,461	0		4.00	
5.00	CT SCAN	57.00	0	9,406	0		5.00	
6.00	CARDIAC CATHETERIZATION	59.00	0	2,737,198	0		6.00	

RECLASSIFICATIONS

Provider CCN: 18-0102

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

Worksheet A-6

Date/Time Prepared:
8/23/2020 10:00 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
8.00	ELECTROCARDIOLOGY	69.00	0	9	0	8.00
9.00	PICC LINE TEAM	76.03	0	113,080	0	9.00
10.00	PAIN MANAGEMENT	90.02	0	2,800	0	10.00
	TOTALS		0	8,105,213		
L - PALLIATIVE						
1.00	HOSPICE	116.00	17,666	1,934	0	1.00
	TOTALS		17,666	1,934		
M - HHA AND HOSPICE						
1.00	HOME HEALTH AGENCY	101.00	0	3,130,520	0	1.00
2.00	HOSPICE	116.00	0	3,206,873	0	2.00
3.00	HOSPICE II	116.01	0	128,068	0	3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	15,551	0	4.00
	TOTALS		0	6,481,012		
N - KY HOSPICE TO IL HOSPICE						
1.00	HOSPICE	116.00	414,606	136,408	0	1.00
	TOTALS		414,606	136,408		
500.00	Grand Total: Decreases		2,646,323	70,913,146		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
8/23/2020 10:00 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	656,976	0	0	0	219,961	1.00	
2.00	Land Improvements	3,113,611	0	0	0	0	2.00	
3.00	Buildings and Fixtures	123,268,710	2,580,383	0	2,580,383	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	123,237,863	4,959,329	0	4,959,329	0	5.00	
6.00	Movable Equipment	17,834,774	0	0	0	629,286	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	268,111,934	7,539,712	0	7,539,712	849,247	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	268,111,934	7,539,712	0	7,539,712	849,247	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	437,015	0					1.00
2.00	Land Improvements	3,113,611	0					2.00
3.00	Buildings and Fixtures	125,849,093	0					3.00
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	128,197,192	0					5.00
6.00	Movable Equipment	17,205,488	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	274,802,399	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	274,802,399	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
8/23/2020 10:00 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	0	0	0	0	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)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
8/23/2020 10:00 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	250,277,160	0	250,277,160	0.933480	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	17,834,774	0	17,834,774	0.066520	0	2.00
3.00	Total (sum of lines 1-2)	268,111,934	0	268,111,934	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	0	3,682,391	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,589,600	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	9,271,991	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	-34,102	13,641	0	0	3,661,930	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,998,015	20,462	0	-1,289	8,606,788	2.00
3.00	Total (sum of lines 1-2)	2,963,913	34,103	0	-1,289	12,268,718	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 18-0102

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

Worksheet A-8

Date/Time Prepared:
8/23/2020 10:00 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		A	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-34,102	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-51,140	NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)	A	-27,739	MAINTENANCE & REPAIRS	6.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-14,128,542			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-185,271			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-578,775	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others	B	-438,081	CAP REL COSTS-BLDG & FIXT	1.00	10	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		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-31,219	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

ADJUSTMENTS TO EXPENSES

Provider CCN: 18-0102

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

Worksheet A-8

Date/Time Prepared:
8/23/2020 10:00 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	
33.00	ADMIN MISC INCOME	B	-4,400	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.00
33.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.02
33.03	ADULTS & PEDS MISC INCOME	B	-1,725	ADULTS & PEDIATRICS	30.00	0	33.03
33.05	OTHER OPERATING REVENUE	B	-49,839	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.05
33.08	MIDLEVEL SALARY & BENEFIT	A	-2,212	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.08
33.12	SPEECH THERAPY OTHER INCOME	B	-64,894	PHYSICAL THERAPY	66.00	0	33.12
33.13	ECHOCARDIOLOGY OTHER INCOME	B	-795	RADIOLOGY-DIAGNOSTIC	54.00	0	33.13
33.14	LAB OTHER INCOME	B	-4,658	LABORATORY	60.00	0	33.14
33.15	MEDICAL STAFF OTHER INCOME	B	-26,178	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.15
33.16	HOSPICE OTHER INCOME	B	-125	LABORATORY	60.00	0	33.16
33.17	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.17
33.18	CONTRIBUTIONS/DONATIONS	A	-375,217	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.18
33.19	PATIENT TELEPHONE	A	-14,163	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.19
33.20	MIDLEVEL SALARY & BENEFIT	A	-438	PAIN MANAGEMENT	90.02	0	33.20
33.21	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.21
33.22	TELEPHONE EMPLOYEE BENEFITS	A	-600	EMERGENCY	91.00	0	33.22
33.23	OTHER OPERATING REVENUE CT	A	-10,605	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.23
33.24	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.24
33.25	GIFTS AND NON-REIMBURSABLES HR	A	-194,834	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.25
33.26	GIFTS AND NON-REIMBURSABLES A&G	A	-11,331	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.26
33.27	GIFTS AND NON-REIMBURSABLES NURSE AD	A	-50	INTENSIVE CARE UNIT	31.00	0	33.27
33.28	DONATIONS	B	-120	DRUGS CHARGED TO PATIENTS	73.00	0	33.28
33.29	GIFTS AND NON-REIMBURSABLES REHAB	A	-44	REHAB MEDICINE	50.01	0	33.29
34.00	LOBBYING	A	10,726	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	34.00
35.00	MARKETING	A	-1,289	CAP REL COSTS-MVBLE EQUIP	2.00	14	35.00
35.01	MARKETING	A	-93,631	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	35.01
35.02	ADVERTISING OFFSET	A	-26,352	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	35.02
35.03	ADVERTISING OFFSET	A	-1,686	DIETARY	10.00	0	35.03
35.04	ADVERTISING OFFSET	A	-713	CAFETERIA	11.00	0	35.04
35.05	ADVERTISING OFFSET	A	-1,371	ADULTS & PEDIATRICS	30.00	0	35.05
35.06	ADVERTISING OFFSET	A	-1,000	ELECTROENCEPHALOGRAPHY	70.00	0	35.06
35.08	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.08
35.09	ADVERTISING OFFSET	A	-185	PAIN MANAGEMENT	90.02	0	35.09
37.00	OTHER INCOME ER		0		0.00	0	37.00
37.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.01
37.04	OTHER INCOME	B	-173	NURSING ADMINISTRATION	13.00	0	37.04
38.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	38.00
38.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	38.01
39.00	PROVIDER TAX	A	2,796,183	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	39.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,556,588				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: 18-0102

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

Worksheet A-8-1

Date/Time Prepared:
8/23/2020 10:00 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	0.00			0	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MHP CAP REL COSTS-MME	2,998,015	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	MHP EMPLOYEE BENFITS	12,637,029	12,812,130	3.00
4.00	5.05	OTHER ADMINISTRATIVE AND GEN	MHP A&G	30,790,021	36,718,440	4.00
4.01	14.00	CENTRAL SERVICES & SUPPLY	MHP CENTRAL SUPPLY	736,519	0	4.01
4.02	16.00	MEDICAL RECORDS & LIBRARY	MHP MEDICAL RECORDS	2,183,715	0	4.02
4.03	30.00	ADULTS & PEDIATRICS	Lourdes Physicians	4,174,608	4,174,608	4.03
4.04	90.02	PAIN MANAGEMENT	Lourdes Physicians	185,430	185,430	4.04
4.05	91.00	EMERGENCY	Lourdes Physicians	1,714,682	1,714,682	4.05
4.07	0.00		0	0	0	4.07
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			55,420,019	55,605,290	5.00

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

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

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

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

6.00	B	MERCY HEALTH	100.00	MERCY HEALTH	100.00	6.00
7.00	B	LOURDES PHYSICI	100.00	LOURDES PHYSICI	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 18-0102

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

Worksheet A-8-1

Date/Time Prepared:
8/23/2020 10:00 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:

1.00	0	11		1.00
2.00	2,998,015	11		2.00
3.00	-175,101	0		3.00
4.00	-5,928,419	0		4.00
4.01	736,519	0		4.01
4.02	2,183,715	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.07	0	0		4.07
5.00	-185,271			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	HOME OFFICE		6.00
7.00	SISTER COMPANY		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: 18-0102

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

Worksheet A-8-2

Date/Time Prepared:
8/23/2020 10:00 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	4,066,849	4,061,724	5,125	211,500	51	1.00
2.00	30.00	ADULTS & PEDIATRICS	5,222,419	5,222,419	0	0	0	2.00
3.00	43.00	NURSERY	26,544	26,544	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	123,871	123,871	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	1,721,000	1,721,000	0	0	0	6.00
7.00	60.00	LABORATORY	22,000	22,000	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	1,500	1,500	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	152,352	152,352	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	84	84	0	0	0	10.00
11.00	76.02	WOUND CARE	146,392	146,392	0	0	0	11.00
12.00	90.02	PAIN MANAGEMENT	231,930	231,930	0	0	0	12.00
13.00	91.00	EMERGENCY	1,790,851	1,790,851	0	0	0	13.00
14.00	59.00	CARDIAC CATHETERIZATION	336,207	336,207	0	0	0	14.00
15.00	64.00	INTRAVENOUS THERAPY	291,668	291,668	0	0	0	15.00
200.00			14,133,667	14,128,542	5,125		51	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	5,186	259	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	10.00
11.00	76.02	WOUND CARE	0	0	0	0	0	11.00
12.00	90.02	PAIN MANAGEMENT	0	0	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
14.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	14.00
15.00	64.00	INTRAVENOUS THERAPY	0	0	0	0	0	15.00
200.00			5,186	259	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	5,186	0	4,061,724		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	5,222,419		2.00
3.00	43.00	NURSERY	0	0	0	26,544		3.00
4.00	50.00	OPERATING ROOM	0	0	0	0		4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	123,871		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	1,721,000		6.00
7.00	60.00	LABORATORY	0	0	0	22,000		7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	1,500		8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	152,352		9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	84		10.00
11.00	76.02	WOUND CARE	0	0	0	146,392		11.00
12.00	90.02	PAIN MANAGEMENT	0	0	0	231,930		12.00
13.00	91.00	EMERGENCY	0	0	0	1,790,851		13.00
14.00	59.00	CARDIAC CATHETERIZATION	0	0	0	336,207		14.00
15.00	64.00	INTRAVENOUS THERAPY	0	0	0	291,668		15.00
200.00			0	5,186	0	14,128,542		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/23/2020 10:00 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,661,930	3,661,930			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	8,606,788	8,606,788			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,597,746	28,629	27,659	13,654,034	4.00
5.01	00540	NONPATIENT TELEPHONES	155,646	4,260	0	43,861	203,767
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	40,502,747	591,163	474,220	902,154	30,296
6.00	00600	MAINTENANCE & REPAIRS	7,719,670	261,594	1,643,655	138,280	5,838
8.00	00800	LAUNDRY & LINEN SERVICE	734,842	0	0	0	0
9.00	00900	HOUSEKEEPING	2,484,357	24,857	10,727	0	1,668
10.00	01000	DIETARY	1,908,617	96,542	10,201	206,722	3,058
11.00	01100	CAFETERIA	189,842	41,374	0	85,747	0
13.00	01300	NURSING ADMINISTRATION	881,904	11,433	1,073,064	163,949	1,668
14.00	01400	CENTRAL SERVICES & SUPPLY	1,078,557	44,413	0	3,269	0
15.00	01500	PHARMACY	2,572,814	28,620	0	521,937	0
16.00	01600	MEDICAL RECORDS & LIBRARY	2,183,715	0	2,738	0	8,062
17.00	01700	SOCIAL SERVICE	1,255,693	4,532	1,881	232,114	3,892
18.00	01850	PATIENT TRANSPORT	490,688	6,639	0	0	556
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,753,836	807,820	499,973	2,744,254	18,625
31.00	03100	INTENSIVE CARE UNIT	2,381,532	108,997	33,936	452,934	3,058
32.00	03200	CORONARY CARE UNIT	1,619,885	74,444	58,622	322,256	5,004
40.00	04000	SUBPROVIDER - IPF	785,260	67,723	0	165,255	3,336
41.00	04100	SUBPROVIDER - IRF	1,317,920	145,903	12,342	267,652	5,838
43.00	04300	NURSERY	130,306	3,473	0	21,003	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,124,447	349,533	785,108	990,182	13,066
50.01	05001	REHAB MEDICINE	958,748	45,028	2,160	198,341	0
51.00	05100	RECOVERY ROOM	452,349	40,071	76,437	86,104	2,780
52.00	05200	DELIVERY ROOM & LABOR ROOM	608,100	25,381	0	98,014	0
53.00	05300	ANESTHESIOLOGY	197,693	3,935	34,637	7,522	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,412,094	167,096	1,940,342	554,317	9,452
54.01	03630	ULTRA SOUND	455,495	2,922	16,558	84,141	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,144,757	10,104	0	70,886	0
57.00	05700	CT SCAN	937,208	11,090	403,434	146,143	0
59.00	05900	CARDIAC CATHETERIZATION	579,939	112,724	255,585	347,472	12,232
60.00	06000	LABORATORY	6,593,429	84,747	277,950	534,398	9,174
64.00	06400	INTRAVENOUS THERAPY	1,635,596	16,598	23,435	221,254	834
65.00	06500	RESPIRATORY THERAPY	1,237,290	10,484	21,120	229,835	834
66.00	06600	PHYSICAL THERAPY	990,724	2,171	32,218	221,193	4,726
67.00	06700	OCCUPATIONAL THERAPY	318,992	0	1,401	68,327	556
68.00	06800	SPEECH PATHOLOGY	206,639	0	2,901	44,345	2,224
69.00	06900	ELECTROCARDIOLOGY	1,489,403	47,208	91,773	267,821	1,112
70.00	07000	ELECTROENCEPHALOGRAPHY	546,563	0	229,357	98,987	2,780
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,105,213	0	355,409	0	3,336
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,726,722	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	26,902,514	0	9,824	0	3,336
73.01	07301	RETAIL PHARMACY	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	1,020,681	0	0	0	834
76.00	03951	DIABETES	0	0	0	0	0
76.01	03950	LITHOTRIPTOR	0	0	0	0	0
76.02	03030	WOUND CARE	1,132,920	0	4,799	131,207	5,560
76.03	03020	PICC LINE TEAM	32,980	461	0	11,239	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	PARTIAL HOSPITAL PRG	165,254	41,120	1,281	35,696	0
90.02	09002	PAIN MANAGEMENT	886,001	34,101	17,323	175,211	4,448
91.00	09100	EMERGENCY	3,547,198	159,009	77,522	664,140	8,340
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	155,661	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	6,095,458	0	0	1,069,619	10,842
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	8,530,340	84,195	79,333	902,243	13,900
116.01	11601	HOSPICE II	848,915	0	0	98,728	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	214,053,618	3,600,394	8,588,925	13,628,752	201,265

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,698	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	354,377	26,458	0	2,369	278
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	MEDICAL BUILDING AND OTHER	170,540	10,149	8,929	20,852	556
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0
194.02	07952	FOUNDATION	0	8,231	8,934	0	1,668
194.03	07953	RETAIL PHARMACY	0	0	0	0	0
194.04	07954	SNF CLOSING EXP	6,125	0	0	2,061	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	214,584,660	3,661,930	8,606,788	13,654,034	203,767

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:
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Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5A.01	5.05	6.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	42,500,580	42,500,580				5.05
6.00	00600	MAINTENANCE & REPAIRS	9,769,037	2,412,718	12,181,755			6.00
8.00	00800	LAUNDRY & LINEN SERVICE	734,842	181,488	0	916,330		8.00
9.00	00900	HOUSEKEEPING	2,521,609	622,777	109,067	0	3,253,453	9.00
10.00	01000	DIETARY	2,225,140	549,556	423,605	0	114,157	10.00
11.00	01100	CAFETERIA	316,963	78,282	181,539	0	48,923	11.00
13.00	01300	NURSING ADMINISTRATION	2,132,018	526,557	50,167	0	13,520	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,126,239	278,154	194,875	0	52,517	14.00
15.00	01500	PHARMACY	3,123,371	771,398	125,577	0	33,842	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,194,515	541,993	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,498,112	369,998	19,884	0	5,359	17.00
18.00	01850	PATIENT TRANSPORT	497,883	122,965	29,132	0	7,851	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,824,508	4,402,226	3,544,543	487,241	955,213	30.00
31.00	03100	INTENSIVE CARE UNIT	2,980,457	736,101	478,258	39,153	128,885	31.00
32.00	03200	CORONARY CARE UNIT	2,080,211	513,762	326,644	30,970	88,027	32.00
40.00	04000	SUBPROVIDER - IPF	1,021,574	252,304	297,155	0	80,080	40.00
41.00	04100	SUBPROVIDER - IRF	1,749,655	432,123	640,190	30,395	172,524	41.00
43.00	04300	NURSERY	154,782	38,227	15,241	0	4,107	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,262,336	2,534,551	1,533,679	78,194	413,309	50.00
50.01	05001	REHAB MEDICINE	1,204,277	297,428	197,574	0	53,244	50.01
51.00	05100	RECOVERY ROOM	657,741	162,446	175,824	5,887	47,383	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	731,495	180,662	111,369	0	30,013	52.00
53.00	05300	ANESTHESIOLOGY	243,787	60,210	17,265	0	4,653	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,083,301	1,502,429	733,183	74,545	197,584	54.00
54.01	03630	ULTRA SOUND	559,116	138,088	12,820	0	3,455	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,225,747	302,730	44,333	0	11,947	56.01
57.00	05700	CT SCAN	1,497,875	369,939	48,659	0	13,113	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,307,952	323,033	494,610	21,981	133,292	59.00
60.00	06000	LABORATORY	7,499,698	1,852,245	371,850	0	100,209	60.00
64.00	06400	INTRAVENOUS THERAPY	1,897,717	468,691	72,830	2,718	19,627	64.00
65.00	06500	RESPIRATORY THERAPY	1,499,563	370,356	46,000	104	12,396	65.00
66.00	06600	PHYSICAL THERAPY	1,251,032	308,975	9,525	3,500	2,567	66.00
67.00	06700	OCCUPATIONAL THERAPY	389,276	96,142	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	256,109	63,253	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,897,317	468,592	207,139	13,717	55,822	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	877,687	216,768	0	2,991	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,463,958	2,090,394	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,726,722	4,625,051	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,915,674	6,647,466	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,021,515	252,290	0	4,633	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	1,274,486	314,767	0	12,402	0	76.02
76.03	03020	PICC LINE TEAM	44,680	11,035	2,024	0	545	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	243,351	60,102	180,428	0	48,623	90.01
90.02	09002	PAIN MANAGEMENT	1,117,084	275,893	149,629	3,280	40,323	90.02
91.00	09100	EMERGENCY	4,456,209	1,100,577	697,700	104,608	188,022	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	155,661	38,445	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	7,175,919	1,772,280	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	9,610,011	2,373,442	369,429	0	99,557	116.00
116.01	11601	HOSPICE II	947,643	234,045	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	213,946,435	42,342,954	11,911,747	916,319	3,180,689	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,698	4,124	73,267	0	19,745	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	383,482	94,711	116,092	0	31,285	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - GENERAL SERVICE COSTS

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From 01/01/2019
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Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5A.01	5.05	6.00	8.00	9.00	
194.00	07950	MEDICAL BUILDING AND OTHER	211,026	52,118	44,532	11	12,001	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	18,833	4,651	36,117	0	9,733	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	8,186	2,022	0	0	0	194.04
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	214,584,660	42,500,580	12,181,755	916,330	3,253,453	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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	3,312,458					10.00
11.00	01100	CAFETERIA	0	625,707				11.00
13.00	01300	NURSING ADMINISTRATION	0	5,674	2,727,936			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	176	0	1,651,961		14.00
15.00	01500	PHARMACY	0	17,848	0	0	4,072,036	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	11,377	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,497,313	158,055	2,302,704	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	211,405	21,377	113,461	0	0	31.00
32.00	03200	CORONARY CARE UNIT	145,848	14,620	72,871	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	8,287	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	457,892	14,825	0	0	0	41.00
43.00	04300	NURSERY	0	966	11,004	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	53,003	0	0	0	50.00
50.01	05001	REHAB MEDICINE	0	9,158	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	4,092	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,517	51,351	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	769	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	27,614	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	4,070	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	2,782	0	0	0	56.01
57.00	05700	CT SCAN	0	7,306	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	14,385	0	0	0	59.00
60.00	06000	LABORATORY	0	36,077	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3,155	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	12,621	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	9,729	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,518	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,830	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	12,314	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,212	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	534,683	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,117,278	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,072,036	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	6,991	0	0	0	76.02
76.03	03020	PICC LINE TEAM	0	571	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	1,830	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	9,019	0	0	0	90.02
91.00	09100	EMERGENCY	0	36,011	176,545	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	44,621	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	49,152	0	0	0	116.00
116.01	11601	HOSPICE II	0	161	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,312,458	612,713	2,727,936	1,651,961	4,072,036	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	7	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

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	
194.00	07950	MEDICAL BUILDING AND OTHER	0	2,277	0	0	0 194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0 194.01
194.02	07952	FOUNDATION	0	0	0	0	0 194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0 194.03
194.04	07954	SNF CLOSING EXP	0	10,710	0	0	0 194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	3,312,458	625,707	2,727,936	1,651,961	4,072,036 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

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From 01/01/2019
To 12/31/2019Worksheet B
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	18.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	2,736,508					16.00
17.00	01700	SOCIAL SERVICE	0	1,904,730				17.00
18.00	01850	PATIENT TRANSPORT	0	0	657,831			18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	157,677	1,486,658	37,878	33,854,016	0	30.00
31.00	03100	INTENSIVE CARE UNIT	28,310	55,424	6,801	4,799,632	0	31.00
32.00	03200	CORONARY CARE UNIT	17,455	55,424	4,193	3,350,025	0	32.00
40.00	04000	SUBPROVIDER - IPF	5,519	0	1,326	1,666,245	0	40.00
41.00	04100	SUBPROVIDER - IRF	15,676	0	3,766	3,517,046	0	41.00
43.00	04300	NURSERY	2,139	0	514	226,980	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	302,891	0	72,761	15,250,724	0	50.00
50.01	05001	REHAB MEDICINE	17,862	0	4,291	1,783,834	0	50.01
51.00	05100	RECOVERY ROOM	11,070	0	2,659	1,067,102	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,621	0	2,792	1,123,820	0	52.00
53.00	05300	ANESTHESIOLOGY	38,529	0	9,255	374,468	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	178,943	0	42,986	8,840,585	0	54.00
54.01	03630	ULTRA SOUND	28,906	0	6,944	753,399	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	65,055	0	15,628	1,668,222	0	56.01
57.00	05700	CT SCAN	150,603	0	36,178	2,123,673	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	112,323	0	26,983	2,434,559	0	59.00
60.00	06000	LABORATORY	194,538	0	46,733	10,101,350	0	60.00
64.00	06400	INTRAVENOUS THERAPY	9,310	0	2,237	2,476,285	0	64.00
65.00	06500	RESPIRATORY THERAPY	53,099	0	12,756	2,006,895	0	65.00
66.00	06600	PHYSICAL THERAPY	14,435	0	3,468	1,603,231	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,421	0	1,302	494,659	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,660	0	1,360	328,212	0	68.00
69.00	06900	ELECTROCARDIOLOGY	111,101	0	26,689	2,792,691	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	26,085	0	6,266	1,135,009	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	62,552	0	15,026	11,166,613	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	294,888	0	70,839	24,834,778	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	506,858	0	122,215	38,264,249	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	11,180	0	2,686	1,292,304	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUND CARE	40,391	0	9,703	1,658,740	0	76.02
76.03	03020	PICC LINE TEAM	3,650	0	877	63,382	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	2,620	0	629	537,583	0	90.01
90.02	09002	PAIN MANAGEMENT	17,332	0	4,164	1,616,724	0	90.02
91.00	09100	EMERGENCY	147,850	307,224	35,517	7,250,263	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	194,106	0	95.00
101.00	10100	HOME HEALTH AGENCY	28,146	0	6,761	9,027,727	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	48,970	0	11,764	12,562,325	0	116.00
116.01	11601	HOSPICE II	7,763	0	1,865	1,191,477	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,736,428	1,904,730	657,812	213,432,933	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	18.00	24.00	25.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	113,834	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	80	0	19	625,676	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0	0	321,965	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	69,334	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	20,918	0	194.04
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)	2,736,508	1,904,730	657,831	214,584,660	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet B
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	5.05
6.00	00600	MAINTENANCE & REPAIRS	6.00
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
18.00	01850	PATIENT TRANSPORT	18.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	REHAB MEDICINE	50.01
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRA SOUND	54.01
56.00	05600	RADIOISOTOPE	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	56.01
57.00	05700	CT SCAN	57.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
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
73.01	07301	RETAIL PHARMACY	73.01
74.00	07400	RENAL DIALYSIS	74.00
76.00	03951	DIABETES	76.00
76.01	03950	LITHOTRIPTOR	76.01
76.02	03030	WOUNDCARE	76.02
76.03	03020	PICC LINE TEAM	76.03
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	PARTIAL HOSPITAL PRG	90.01
90.02	09002	PAIN MANAGEMENT	90.02
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
116.01	11601	HOSPICE II	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	190.00
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
193.00	19300	NONPAID WORKERS	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Total	
			26.00	
194.02	07952	FOUNDATION	69,334	194.02
194.03	07953	RETAIL PHARMACY	0	194.03
194.04	07954	SNF CLOSING EXP	20,918	194.04
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	214,584,660	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	28,629	27,659	56,288	4.00
5.01	00540	NONPATIENT TELEPHONES	0	4,260	0	4,260	5.01
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	100	591,163	474,220	1,065,483	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	261,594	1,643,655	1,905,249	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	24,857	10,727	35,584	9.00
10.00	01000	DIETARY	0	96,542	10,201	106,743	10.00
11.00	01100	CAFETERIA	0	41,374	0	41,374	11.00
13.00	01300	NURSING ADMINISTRATION	0	11,433	1,073,064	1,084,497	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	44,413	0	44,413	14.00
15.00	01500	PHARMACY	0	28,620	0	28,620	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,738	2,738	16.00
17.00	01700	SOCIAL SERVICE	0	4,532	1,881	6,413	17.00
18.00	01850	PATIENT TRANSPORT	0	6,639	0	6,639	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	807,820	499,973	1,307,793	30.00
31.00	03100	INTENSIVE CARE UNIT	0	108,997	33,936	142,933	31.00
32.00	03200	CORONARY CARE UNIT	0	74,444	58,622	133,066	32.00
40.00	04000	SUBPROVIDER - IPF	0	67,723	0	67,723	40.00
41.00	04100	SUBPROVIDER - IRF	0	145,903	12,342	158,245	41.00
43.00	04300	NURSERY	0	3,473	0	3,473	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	349,533	785,108	1,134,641	50.00
50.01	05001	REHAB MEDICINE	0	45,028	2,160	47,188	50.01
51.00	05100	RECOVERY ROOM	0	40,071	76,437	116,508	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	25,381	0	25,381	52.00
53.00	05300	ANESTHESIOLOGY	0	3,935	34,637	38,572	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	167,096	1,940,342	2,107,438	54.00
54.01	03630	ULTRA SOUND	0	2,922	16,558	19,480	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	10,104	0	10,104	56.01
57.00	05700	CT SCAN	0	11,090	403,434	414,524	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	112,724	255,585	368,309	59.00
60.00	06000	LABORATORY	0	84,747	277,950	362,697	60.00
64.00	06400	INTRAVENOUS THERAPY	0	16,598	23,435	40,033	64.00
65.00	06500	RESPIRATORY THERAPY	0	10,484	21,120	31,604	65.00
66.00	06600	PHYSICAL THERAPY	0	2,171	32,218	34,389	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,401	1,401	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	2,901	2,901	68.00
69.00	06900	ELECTROCARDIOLOGY	0	47,208	91,773	138,981	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	229,357	229,357	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	355,409	355,409	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	9,824	9,824	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	0	4,799	4,799	76.02
76.03	03020	PICC LINE TEAM	0	461	0	461	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	41,120	1,281	42,401	90.01
90.02	09002	PAIN MANAGEMENT	0	34,101	17,323	51,424	90.02
91.00	09100	EMERGENCY	0	159,009	77,522	236,531	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	84,195	79,333	163,528	116.00
116.01	11601	HOSPICE II	0	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	3,600,394	8,588,925	12,189,419	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,698	0	16,698	190.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	26,458	0	26,458	10	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	10,149	8,929	19,078	86	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	8,231	8,934	17,165	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	9	194.04
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)	100	3,661,930	8,606,788	12,268,818	56,288	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.01	5.05	6.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	4,441					5.01
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	660	1,069,864				5.05
6.00	00600	MAINTENANCE & REPAIRS	127	60,734	1,966,680			6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,569	0	4,569		8.00
9.00	00900	HOUSEKEEPING	36	15,677	17,608	0	68,905	9.00
10.00	01000	DIETARY	67	13,834	68,389	0	2,418	10.00
11.00	01100	CAFETERIA	0	1,971	29,309	0	1,036	11.00
13.00	01300	NURSING ADMINISTRATION	36	13,255	8,099	0	286	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,002	31,462	0	1,112	14.00
15.00	01500	PHARMACY	0	19,418	20,274	0	717	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	176	13,643	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	85	9,314	3,210	0	113	17.00
18.00	01850	PATIENT TRANSPORT	12	3,095	4,703	0	166	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	406	110,815	572,249	2,429	20,229	30.00
31.00	03100	INTENSIVE CARE UNIT	67	18,530	77,212	195	2,730	31.00
32.00	03200	CORONARY CARE UNIT	109	12,933	52,735	154	1,864	32.00
40.00	04000	SUBPROVIDER - IPF	73	6,351	47,974	0	1,696	40.00
41.00	04100	SUBPROVIDER - IRF	127	10,878	103,355	152	3,654	41.00
43.00	04300	NURSERY	0	962	2,461	0	87	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	285	63,801	247,604	390	8,753	50.00
50.01	05001	REHAB MEDICINE	0	7,487	31,897	0	1,128	50.01
51.00	05100	RECOVERY ROOM	61	4,089	28,386	29	1,004	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,548	17,980	0	636	52.00
53.00	05300	ANESTHESIOLOGY	0	1,516	2,787	0	99	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	206	37,820	118,368	372	4,185	54.00
54.01	03630	ULTRA SOUND	0	3,476	2,070	0	73	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	7,620	7,157	0	253	56.01
57.00	05700	CT SCAN	0	9,312	7,856	0	278	57.00
59.00	05900	CARDIAC CATHETERIZATION	267	8,132	79,852	110	2,823	59.00
60.00	06000	LABORATORY	200	46,626	60,033	0	2,122	60.00
64.00	06400	INTRAVENOUS THERAPY	18	11,798	11,758	14	416	64.00
65.00	06500	RESPIRATORY THERAPY	18	9,323	7,426	1	263	65.00
66.00	06600	PHYSICAL THERAPY	103	7,778	1,538	17	54	66.00
67.00	06700	OCCUPATIONAL THERAPY	12	2,420	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	48	1,592	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	24	11,796	33,442	68	1,182	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	61	5,457	0	15	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	73	52,620	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	116,424	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73	167,349	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	18	6,351	0	23	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	121	7,923	0	62	0	76.02
76.03	03020	PICC LINE TEAM	0	278	327	0	12	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	1,513	29,129	0	1,030	90.01
90.02	09002	PAIN MANAGEMENT	97	6,945	24,157	16	854	90.02
91.00	09100	EMERGENCY	182	27,704	112,640	522	3,982	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	968	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	236	44,613	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	303	59,745	59,642	0	2,109	116.00
116.01	11601	HOSPICE II	0	5,891	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,387	1,065,896	1,923,089	4,569	67,364	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	104	11,829	0	418	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6	2,384	18,742	0	663	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

Period:
From 01/01/2019
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Cost Center Description		NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.01	5.05	6.00	8.00	9.00	
194.00	07950	12	1,312	7,189	0	254	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	36	117	5,831	0	206	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	51	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	TOTAL (sum lines 118 through 201)		4,441	1,069,864	1,966,680	4,569	68,905 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	192,304					10.00
11.00	01100	CAFETERIA	0	74,044				11.00
13.00	01300	NURSING ADMINISTRATION	0	671	1,107,520			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	21	0	84,023		14.00
15.00	01500	PHARMACY	0	2,112	0	0	73,294	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,346	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	144,981	18,704	934,879	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	12,273	2,530	46,064	0	0	31.00
32.00	03200	CORONARY CARE UNIT	8,467	1,730	29,585	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	981	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	26,583	1,754	0	0	0	41.00
43.00	04300	NURSERY	0	114	4,468	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,272	0	0	0	50.00
50.01	05001	REHAB MEDICINE	0	1,084	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	484	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	535	20,848	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	91	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,268	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	482	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	329	0	0	0	56.01
57.00	05700	CT SCAN	0	865	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,702	0	0	0	59.00
60.00	06000	LABORATORY	0	4,269	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	373	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,494	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,151	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	298	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	217	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,457	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	617	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	27,192	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	56,831	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73,294	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	827	0	0	0	76.02
76.03	03020	PICC LINE TEAM	0	68	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	217	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	1,067	0	0	0	90.02
91.00	09100	EMERGENCY	0	4,261	71,676	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	5,280	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	5,817	0	0	0	116.00
116.01	11601	HOSPICE II	0	19	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	192,304	72,507	1,107,520	84,023	73,294	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

Period:
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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	
194.00	07950	MEDICAL BUILDING AND OTHER	0	269	0	0	0 194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0 194.01
194.02	07952	FOUNDATION	0	0	0	0	0 194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0 194.03
194.04	07954	SNF CLOSING EXP	0	1,267	0	0	0 194.04
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)	192,304	74,044	1,107,520	84,023	73,294 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

Period:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	18.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	16,557					16.00
17.00	01700	SOCIAL SERVICE	0	21,438				17.00
18.00	01850	PATIENT TRANSPORT	0	0	14,615			18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	944	16,732	818	3,142,270	0	30.00
31.00	03100	INTENSIVE CARE UNIT	169	624	147	305,342	0	31.00
32.00	03200	CORONARY CARE UNIT	104	624	91	242,791	0	32.00
40.00	04000	SUBPROVIDER - IPF	33	0	29	125,542	0	40.00
41.00	04100	SUBPROVIDER - IRF	94	0	81	306,027	0	41.00
43.00	04300	NURSERY	13	0	11	11,676	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,813	0	1,571	1,469,214	0	50.00
50.01	05001	REHAB MEDICINE	107	0	93	89,802	0	50.01
51.00	05100	RECOVERY ROOM	66	0	57	151,039	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	70	0	60	70,462	0	52.00
53.00	05300	ANESTHESIOLOGY	231	0	200	43,527	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,071	0	928	2,275,942	0	54.00
54.01	03630	ULTRA SOUND	173	0	150	26,251	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	389	0	337	26,481	0	56.01
57.00	05700	CT SCAN	901	0	781	435,120	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	672	0	583	463,883	0	59.00
60.00	06000	LABORATORY	1,164	0	1,009	480,324	0	60.00
64.00	06400	INTRAVENOUS THERAPY	56	0	48	65,427	0	64.00
65.00	06500	RESPIRATORY THERAPY	318	0	275	51,670	0	65.00
66.00	06600	PHYSICAL THERAPY	86	0	75	46,103	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	32	0	28	4,473	0	67.00
68.00	06800	SPEECH PATHOLOGY	34	0	29	5,004	0	68.00
69.00	06900	ELECTROCARDIOLOGY	665	0	576	189,296	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	156	0	135	236,206	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	374	0	324	435,992	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,765	0	1,530	176,550	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,214	0	3,051	256,805	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	67	0	58	6,517	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUND CARE	242	0	210	14,725	0	76.02
76.03	03020	PICC LINE TEAM	22	0	19	1,233	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	16	0	14	74,467	0	90.01
90.02	09002	PAIN MANAGEMENT	104	0	90	85,477	0	90.02
91.00	09100	EMERGENCY	885	3,458	767	465,347	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	968	0	95.00
101.00	10100	HOME HEALTH AGENCY	168	0	146	54,855	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	293	0	254	295,412	0	116.00
116.01	11601	HOSPICE II	46	0	40	6,403	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,557	21,438	14,615	12,138,623	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	18.00	24.00	25.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	29,049	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	48,264	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0	0	28,200	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	23,355	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	1,327	0	194.04
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)	16,557	21,438	14,615	12,268,818	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	5.05
6.00	00600	MAINTENANCE & REPAIRS	6.00
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
18.00	01850	PATIENT TRANSPORT	18.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	REHAB MEDICINE	50.01
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRA SOUND	54.01
56.00	05600	RADIOISOTOPE	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	56.01
57.00	05700	CT SCAN	57.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
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
73.01	07301	RETAIL PHARMACY	73.01
74.00	07400	RENAL DIALYSIS	74.00
76.00	03951	DIABETES	76.00
76.01	03950	LITHOTRIPTOR	76.01
76.02	03030	WOUNDCARE	76.02
76.03	03020	PICC LINE TEAM	76.03
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	PARTIAL HOSPITAL PRG	90.01
90.02	09002	PAIN MANAGEMENT	90.02
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
116.01	11601	HOSPICE II	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
193.00	19300	NONPAID WORKERS	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/23/2020 10:00 pm

Cost Center Description			Total	
			26.00	
194.02	07952	FOUNDATION	23,355	194.02
194.03	07953	RETAIL PHARMACY	0	194.03
194.04	07954	SNF CLOSING EXP	1,327	194.04
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	12,268,818	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1

Date/Time Prepared:
8/23/2020 10:00 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	Reconciliation	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	404,838				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,586,641			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,165	11,526	59,782,875		4.00
5.01	00540	NONPATIENT TELEPHONES	471	0	192,040	733	5.01
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	65,355	197,618	3,949,992	109	5.05
6.00	00600	MAINTENANCE & REPAIRS	28,920	684,948	605,443	21	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,748	4,470	0	0	9.00
10.00	01000	DIETARY	10,673	4,251	905,110	11	10.00
11.00	01100	CAFETERIA	4,574	0	375,434	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,264	447,170	717,832	6	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,910	0	14,314	0	14.00
15.00	01500	PHARMACY	3,164	0	2,285,248	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,141	0	29	16.00
17.00	01700	SOCIAL SERVICE	501	784	1,016,287	14	17.00
18.00	01850	PATIENT TRANSPORT	734	0	0	2	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	89,307	208,350	12,015,527	67	30.00
31.00	03100	INTENSIVE CARE UNIT	12,050	14,142	1,983,125	11	31.00
32.00	03200	CORONARY CARE UNIT	8,230	24,429	1,410,967	18	32.00
40.00	04000	SUBPROVIDER - IPF	7,487	0	723,551	12	40.00
41.00	04100	SUBPROVIDER - IRF	16,130	5,143	1,171,886	21	41.00
43.00	04300	NURSERY	384	0	91,959	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	38,642	327,172	4,335,413	47	50.00
50.01	05001	REHAB MEDICINE	4,978	900	868,416	0	50.01
51.00	05100	RECOVERY ROOM	4,430	31,853	376,998	10	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,806	0	429,144	0	52.00
53.00	05300	ANESTHESIOLOGY	435	14,434	32,935	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,473	808,583	2,427,019	34	54.00
54.01	03630	ULTRA SOUND	323	6,900	368,401	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,117	0	310,368	0	56.01
57.00	05700	CT SCAN	1,226	168,120	639,873	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	12,462	106,508	1,521,370	44	59.00
60.00	06000	LABORATORY	9,369	115,828	2,339,806	33	60.00
64.00	06400	INTRAVENOUS THERAPY	1,835	9,766	968,738	3	64.00
65.00	06500	RESPIRATORY THERAPY	1,159	8,801	1,006,308	3	65.00
66.00	06600	PHYSICAL THERAPY	240	13,426	968,470	17	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	584	299,161	2	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,209	194,162	8	68.00
69.00	06900	ELECTROCARDIOLOGY	5,219	38,244	1,172,625	4	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	95,578	433,403	10	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	148,107	0	12	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,094	0	12	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	3	74.00
76.00	03951	DIABETES	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	76.01
76.02	03030	WOUND CARE	0	2,000	574,475	20	76.02
76.03	03020	PICC LINE TEAM	51	0	49,207	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	4,546	534	156,293	0	90.01
90.02	09002	PAIN MANAGEMENT	3,770	7,219	767,143	16	90.02
91.00	09100	EMERGENCY	17,579	32,305	2,907,868	30	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	4,683,218	39	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	9,308	33,060	3,950,378	50	116.00
116.01	11601	HOSPICE II	0	0	432,272	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	398,035	3,579,197	59,672,179	724	-42,500,580

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1

Date/Time Prepared:
8/23/2020 10:00 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHON ES)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5A.05	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,846	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,925	0	10,372	1		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	MEDICAL BUILDING AND OTHER	1,122	3,721	91,300	2		194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0		194.01
194.02	07952	FOUNDATION	910	3,723	0	6		194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0		194.03
194.04	07954	SNF CLOSING EXP	0	0	9,024	0		194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,661,930	8,606,788	13,654,034	203,767		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.045421	2.399679	0.228394	277.990450		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			56,288	4,441		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000942	6.058663		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: 18-0102

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

Worksheet B-1

Date/Time Prepared:
8/23/2020 10:00 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCU. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.05	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	172,084,080				5.05
6.00	00600	MAINTENANCE & REPAIRS	9,769,037	306,927			6.00
8.00	00800	LAUNDRY & LINEN SERVICE	734,842	0	1,449,524		8.00
9.00	00900	HOUSEKEEPING	2,521,609	2,748	0	304,179	9.00
10.00	01000	DIETARY	2,225,140	10,673	0	10,673	209,993 10.00
11.00	01100	CAFETERIA	316,963	4,574	0	4,574	0 11.00
13.00	01300	NURSING ADMINISTRATION	2,132,018	1,264	0	1,264	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,126,239	4,910	0	4,910	0 14.00
15.00	01500	PHARMACY	3,123,371	3,164	0	3,164	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,194,515	0	0	0	0 16.00
17.00	01700	SOCIAL SERVICE	1,498,112	501	0	501	0 17.00
18.00	01850	PATIENT TRANSPORT	497,883	734	0	734	0 18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,824,508	89,307	770,756	89,307	158,317 30.00
31.00	03100	INTENSIVE CARE UNIT	2,980,457	12,050	61,936	12,050	13,402 31.00
32.00	03200	CORONARY CARE UNIT	2,080,211	8,230	48,991	8,230	9,246 32.00
40.00	04000	SUBPROVIDER - IPF	1,021,574	7,487	0	7,487	0 40.00
41.00	04100	SUBPROVIDER - IRF	1,749,655	16,130	48,082	16,130	29,028 41.00
43.00	04300	NURSERY	154,782	384	0	384	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,262,336	38,642	123,693	38,642	0 50.00
50.01	05001	REHAB MEDICINE	1,204,277	4,978	0	4,978	0 50.01
51.00	05100	RECOVERY ROOM	657,741	4,430	9,313	4,430	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	731,495	2,806	0	2,806	0 52.00
53.00	05300	ANESTHESIOLOGY	243,787	435	0	435	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,083,301	18,473	117,921	18,473	0 54.00
54.01	03630	ULTRA SOUND	559,116	323	0	323	0 54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,225,747	1,117	0	1,117	0 56.01
57.00	05700	CT SCAN	1,497,875	1,226	0	1,226	0 57.00
59.00	05900	CARDIAC CATHETERIZATION	1,307,952	12,462	34,771	12,462	0 59.00
60.00	06000	LABORATORY	7,499,698	9,369	0	9,369	0 60.00
64.00	06400	INTRAVENOUS THERAPY	1,897,717	1,835	4,300	1,835	0 64.00
65.00	06500	RESPIRATORY THERAPY	1,499,563	1,159	164	1,159	0 65.00
66.00	06600	PHYSICAL THERAPY	1,251,032	240	5,537	240	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	389,276	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	256,109	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	1,897,317	5,219	21,698	5,219	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	877,687	0	4,732	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,463,958	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,726,722	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,915,674	0	0	0	0 73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0 73.01
74.00	07400	RENAL DIALYSIS	1,021,515	0	7,329	0	0 74.00
76.00	03951	DIABETES	0	0	0	0	0 76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0 76.01
76.02	03030	WOUNDCARE	1,274,486	0	19,618	0	0 76.02
76.03	03020	PICC LINE TEAM	44,680	51	0	51	0 76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	PARTIAL HOSPITAL PRG	243,351	4,546	0	4,546	0 90.01
90.02	09002	PAIN MANAGEMENT	1,117,084	3,770	5,188	3,770	0 90.02
91.00	09100	EMERGENCY	4,456,209	17,579	165,477	17,579	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	155,661	0	0	0	0 95.00
101.00	10100	HOME HEALTH AGENCY	7,175,919	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	9,610,011	9,308	0	9,308	0 116.00
116.01	11601	HOSPICE II	947,643	0	0	0	0 116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	171,445,855	300,124	1,449,506	297,376	209,993 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	16,698	1,846	0	1,846	0 190.00
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	383,482	2,925	0	2,925	0 192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1

Date/Time Prepared:
8/23/2020 10:00 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			5.05	6.00	8.00	9.00	10.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	211,026	1,122	18	1,122	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	18,833	910	0	910	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	8,186	0	0	0	0	194.04
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)	42,500,580	12,181,755	916,330	3,253,453	3,312,458	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.246976	39.689421	0.632159	10.695850	15.774135	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,069,864	1,966,680	4,569	68,905	192,304	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.006217	6.407647	0.003152	0.226528	0.915764	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: 18-0102

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

Worksheet B-1

Date/Time Prepared:
8/23/2020 10:00 pm

Cost Center Description			CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	85,469					11.00
13.00	01300	NURSING ADMINISTRATION	775	1,616,533				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	24	0	30,550,340			14.00
15.00	01500	PHARMACY	2,438	0	0	100		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,092,165,787	16.00
17.00	01700	SOCIAL SERVICE	1,554	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,589	1,364,547	0	0	62,919,786	30.00
31.00	03100	INTENSIVE CARE UNIT	2,920	67,235	0	0	11,296,716	31.00
32.00	03200	CORONARY CARE UNIT	1,997	43,182	0	0	6,965,117	32.00
40.00	04000	SUBPROVIDER - IPF	1,132	0	0	0	2,202,335	40.00
41.00	04100	SUBPROVIDER - IRF	2,025	0	0	0	6,255,361	41.00
43.00	04300	NURSERY	132	6,521	0	0	853,551	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,240	0	0	0	120,866,165	50.00
50.01	05001	REHAB MEDICINE	1,251	0	0	0	7,127,852	50.01
51.00	05100	RECOVERY ROOM	559	0	0	0	4,417,241	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	617	30,430	0	0	4,637,318	52.00
53.00	05300	ANESTHESIOLOGY	105	0	0	0	15,374,510	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,772	0	0	0	71,405,840	54.00
54.01	03630	ULTRA SOUND	556	0	0	0	11,534,656	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	380	0	0	0	25,959,675	56.01
57.00	05700	CT SCAN	998	0	0	0	60,096,895	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,965	0	0	0	44,821,793	59.00
60.00	06000	LABORATORY	4,928	0	0	0	77,628,781	60.00
64.00	06400	INTRAVENOUS THERAPY	431	0	0	0	3,715,229	64.00
65.00	06500	RESPIRATORY THERAPY	1,724	0	0	0	21,188,857	65.00
66.00	06600	PHYSICAL THERAPY	1,329	0	0	0	5,760,315	66.00
67.00	06700	OCCUPATIONAL THERAPY	344	0	0	0	2,163,266	67.00
68.00	06800	SPEECH PATHOLOGY	250	0	0	0	2,258,492	68.00
69.00	06900	ELECTROCARDIOLOGY	1,682	0	0	0	44,333,884	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	712	0	0	0	10,409,111	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	9,888,170	0	24,960,913	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	20,662,170	0	117,672,793	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	100	202,440,812	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	4,461,448	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	955	0	0	0	16,117,848	76.02
76.03	03020	PICC LINE TEAM	78	0	0	0	1,456,689	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	250	0	0	0	1,045,537	90.01
90.02	09002	PAIN MANAGEMENT	1,232	0	0	0	6,916,261	90.02
91.00	09100	EMERGENCY	4,919	104,618	0	0	58,998,548	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	6,095	0	0	0	11,231,464	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	6,714	0	0	0	19,541,041	116.00
116.01	11601	HOSPICE II	22	0	0	0	3,097,669	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	83,694	1,616,533	30,550,340	100	1,092,133,769	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1

Date/Time Prepared:
8/23/2020 10:00 pm

Cost Center Description			CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
			11.00	13.00	14.00	15.00	16.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1	0	0	0	32,018	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	311	0	0	0	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	1,463	0	0	0	0	194.04
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)	625,707	2,727,936	1,651,961	4,072,036	2,736,508	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.320865	1.687523	0.054073	40,720.360000	0.002506	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	74,044	1,107,520	84,023	73,294	16,557	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.866326	0.685121	0.002750	732.940000	0.000015	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: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet B-1
Date/Time Prepared:
8/23/2020 10:00 pm

Cost Center Description			SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE PATIENT TRANSPORT (GROSS CHARGES)	
			17.00	18.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL			5.05
6.00	00600	MAINTENANCE & REPAIRS			6.00
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	25,878		17.00
18.00	01850	PATIENT TRANSPORT	0	1,092,165,787	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	20,198	62,919,786	30.00
31.00	03100	INTENSIVE CARE UNIT	753	11,296,716	31.00
32.00	03200	CORONARY CARE UNIT	753	6,965,117	32.00
40.00	04000	SUBPROVIDER - IPF	0	2,202,335	40.00
41.00	04100	SUBPROVIDER - IRF	0	6,255,361	41.00
43.00	04300	NURSERY	0	853,551	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	120,866,165	50.00
50.01	05001	REHAB MEDICINE	0	7,127,852	50.01
51.00	05100	RECOVERY ROOM	0	4,417,241	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,637,318	52.00
53.00	05300	ANESTHESIOLOGY	0	15,374,510	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	71,405,840	54.00
54.01	03630	ULTRA SOUND	0	11,534,656	54.01
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	25,959,675	56.01
57.00	05700	CT SCAN	0	60,096,895	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	44,821,793	59.00
60.00	06000	LABORATORY	0	77,628,781	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3,715,229	64.00
65.00	06500	RESPIRATORY THERAPY	0	21,188,857	65.00
66.00	06600	PHYSICAL THERAPY	0	5,760,315	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,163,266	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,258,492	68.00
69.00	06900	ELECTROCARDIOLOGY	0	44,333,884	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,409,111	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,960,913	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	117,672,793	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	202,440,812	73.00
73.01	07301	RETAIL PHARMACY	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	4,461,448	74.00
76.00	03951	DIABETES	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	76.01
76.02	03030	WOUNDCARE	0	16,117,848	76.02
76.03	03020	PICC LINE TEAM	0	1,456,689	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	1,045,537	90.01
90.02	09002	PAIN MANAGEMENT	0	6,916,261	90.02
91.00	09100	EMERGENCY	4,174	58,998,548	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	11,231,464	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	0	19,541,041	116.00
116.01	11601	HOSPICE II	0	3,097,669	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,878	1,092,133,769	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1

Date/Time Prepared:
8/23/2020 10:00 pm

Cost Center Description			SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		
				PATIENT TRANSPORT (GROSS CHARGES)		
				17.00		
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	32,018		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0		194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0		194.01
194.02	07952	FOUNDATION	0	0		194.02
194.03	07953	RETAIL PHARMACY	0	0		194.03
194.04	07954	SNF CLOSING EXP	0	0		194.04
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)	1,904,730	657,831		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	73.604220	0.000602		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	21,438	14,615		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.828426	0.000013		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

Worksheet C
Part I
Date/Time Prepared:
8/23/2020 10:00 pm

MCRIF32 - 16.2.168.1

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/23/2020 10:00 pm

			Title XVIII			Hospital	PPS		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	58,002,748		58,002,748			30.00	
31.00	03100	INTENSIVE CARE UNIT	11,296,716		11,296,716			31.00	
32.00	03200	CORONARY CARE UNIT	6,965,117		6,965,117			32.00	
40.00	04000	SUBPROVIDER - IPF	2,202,335		2,202,335			40.00	
41.00	04100	SUBPROVIDER - IRF	6,255,361		6,255,361			41.00	
43.00	04300	NURSERY	853,551		853,551			43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	61,052,722	59,813,443	120,866,165	0.126179	0.000000	50.00	
50.01	05001	REHAB MEDICINE	7,126,038	1,814	7,127,852	0.250262	0.000000	50.01	
51.00	05100	RECOVERY ROOM	1,925,924	2,491,317	4,417,241	0.241577	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,414,987	222,331	4,637,318	0.242343	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	7,891,551	7,482,959	15,374,510	0.024356	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,256,784	57,149,056	71,405,840	0.123808	0.000000	54.00	
54.01	03630	ULTRA SOUND	2,309,873	9,224,784	11,534,657	0.065316	0.000000	54.01	
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00	
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	4,117,061	21,842,614	25,959,675	0.064262	0.000000	56.01	
57.00	05700	CT SCAN	18,782,266	41,314,629	60,096,895	0.035337	0.000000	57.00	
59.00	05900	CARDIAC CATHETERIZATION	17,866,612	26,955,182	44,821,794	0.054316	0.000000	59.00	
60.00	06000	LABORATORY	38,951,154	38,677,627	77,628,781	0.130124	0.000000	60.00	
64.00	06400	INTRAVENOUS THERAPY	97,372	12,148,474	12,245,846	0.202214	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	18,533,097	2,655,760	21,188,857	0.094715	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	3,459,218	2,301,097	5,760,315	0.278323	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,904,929	258,337	2,163,266	0.228663	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	1,805,103	453,390	2,258,493	0.145323	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	11,505,081	32,828,803	44,333,884	0.062992	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	871,194	9,537,917	10,409,111	0.109040	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,143,256	7,817,657	24,960,913	0.447364	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	81,990,055	35,682,738	117,672,793	0.211049	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	40,858,537	160,600,209	201,458,746	0.189936	0.000000	73.00	
73.01	07301	RETAIL PHARMACY	0	0	0	0.000000	0.000000	73.01	
74.00	07400	RENAL DIALYSIS	2,974,379	1,487,069	4,461,448	0.289660	0.000000	74.00	
76.00	03951	DIABETES	0	0	0	0.000000	0.000000	76.00	
76.01	03950	LITHOTRIPTOR	0	0	0	0.000000	0.000000	76.01	
76.02	03030	WOUNDCARE	144,547	15,973,301	16,117,848	0.102913	0.000000	76.02	
76.03	03020	PICC LINE TEAM	1,315,352	141,337	1,456,689	0.043511	0.000000	76.03	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
90.01	09001	PARTIAL HOSPITAL PRG	51,509	994,028	1,045,537	0.514169	0.000000	90.01	
90.02	09002	PAIN MANAGEMENT	17,022	9,677,042	9,694,064	0.166775	0.000000	90.02	
91.00	09100	EMERGENCY	14,975,078	44,023,469	58,998,547	0.122889	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,229,493	3,687,045	4,916,538	0.838296	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00	
101.00	10100	HOME HEALTH AGENCY	0	11,231,464	11,231,464			101.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	2,817,322	16,723,719	19,541,041			116.00	
116.01	11601	HOSPICE II	0	3,097,669	3,097,669			116.01	
200.00		Subtotal (see instructions)	465,963,344	636,496,281	1,102,459,625			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	465,963,344	636,496,281	1,102,459,625			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/23/2020 10:00 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.126179			50.00
50.01	05001	REHAB MEDICINE	0.250262			50.01
51.00	05100	RECOVERY ROOM	0.241577			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.242343			52.00
53.00	05300	ANESTHESIOLOGY	0.024356			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.123808			54.00
54.01	03630	ULTRA SOUND	0.065316			54.01
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.064262			56.01
57.00	05700	CT SCAN	0.035337			57.00
59.00	05900	CARDIAC CATHETERIZATION	0.054316			59.00
60.00	06000	LABORATORY	0.130124			60.00
64.00	06400	INTRAVENOUS THERAPY	0.202214			64.00
65.00	06500	RESPIRATORY THERAPY	0.094715			65.00
66.00	06600	PHYSICAL THERAPY	0.278323			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.228663			67.00
68.00	06800	SPEECH PATHOLOGY	0.145323			68.00
69.00	06900	ELECTROCARDIOLOGY	0.062992			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.109040			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.447364			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.211049			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.189936			73.00
73.01	07301	RETAIL PHARMACY	0.000000			73.01
74.00	07400	RENAL DIALYSIS	0.289660			74.00
76.00	03951	DIABETES	0.000000			76.00
76.01	03950	LITHOTRIPTOR	0.000000			76.01
76.02	03030	WOUNDCARE	0.102913			76.02
76.03	03020	PICC LINE TEAM	0.043511			76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.514169			90.01
90.02	09002	PAIN MANAGEMENT	0.166775			90.02
91.00	09100	EMERGENCY	0.122889			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.838296			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
116.01	11601	HOSPICE II				116.01
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: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/23/2020 10:00 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	33,854,016		33,854,016	0	33,854,016	30.00
31.00	03100	INTENSIVE CARE UNIT	4,799,632		4,799,632	0	4,799,632	31.00
32.00	03200	CORONARY CARE UNIT	3,350,025		3,350,025	0	3,350,025	32.00
40.00	04000	SUBPROVIDER - IPF	1,666,245		1,666,245	0	1,666,245	40.00
41.00	04100	SUBPROVIDER - IRF	3,517,046		3,517,046	0	3,517,046	41.00
43.00	04300	NURSERY	226,980		226,980	0	226,980	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,250,724		15,250,724	0	15,250,724	50.00
50.01	05001	REHAB MEDICINE	1,783,834		1,783,834	0	1,783,834	50.01
51.00	05100	RECOVERY ROOM	1,067,102		1,067,102	0	1,067,102	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,123,820		1,123,820	0	1,123,820	52.00
53.00	05300	ANESTHESIOLOGY	374,468		374,468	0	374,468	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,840,585		8,840,585	0	8,840,585	54.00
54.01	03630	ULTRA SOUND	753,399		753,399	0	753,399	54.01
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,668,222		1,668,222	0	1,668,222	56.01
57.00	05700	CT SCAN	2,123,673		2,123,673	0	2,123,673	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,434,559		2,434,559	0	2,434,559	59.00
60.00	06000	LABORATORY	10,101,350		10,101,350	0	10,101,350	60.00
64.00	06400	INTRAVENOUS THERAPY	2,476,285		2,476,285	0	2,476,285	64.00
65.00	06500	RESPIRATORY THERAPY	2,006,895	0	2,006,895	0	2,006,895	65.00
66.00	06600	PHYSICAL THERAPY	1,603,231	0	1,603,231	0	1,603,231	66.00
67.00	06700	OCCUPATIONAL THERAPY	494,659	0	494,659	0	494,659	67.00
68.00	06800	SPEECH PATHOLOGY	328,212	0	328,212	0	328,212	68.00
69.00	06900	ELECTROCARDIOLOGY	2,792,691		2,792,691	0	2,792,691	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,135,009		1,135,009	0	1,135,009	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,166,613		11,166,613	0	11,166,613	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,834,778		24,834,778	0	24,834,778	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,264,249		38,264,249	0	38,264,249	73.00
73.01	07301	RETAIL PHARMACY	0		0	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,292,304		1,292,304	0	1,292,304	74.00
76.00	03951	DIABETES	0		0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0		0	0	0	76.01
76.02	03030	WOUNDCARE	1,658,740		1,658,740	0	1,658,740	76.02
76.03	03020	PICC LINE TEAM	63,382		63,382	0	63,382	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	537,583		537,583	0	537,583	90.01
90.02	09002	PAIN MANAGEMENT	1,616,724		1,616,724	0	1,616,724	90.02
91.00	09100	EMERGENCY	7,250,263		7,250,263	0	7,250,263	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,121,513		4,121,513	0	4,121,513	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	194,106		194,106	0	194,106	95.00
101.00	10100	HOME HEALTH AGENCY	9,027,727		9,027,727	0	9,027,727	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	12,562,325		12,562,325		12,562,325	116.00
116.01	11601	HOSPICE II	1,191,477		1,191,477		1,191,477	116.01
200.00		Subtotal (see instructions)	217,554,446	0	217,554,446	0	217,554,446	200.00
201.00		Less Observation Beds	4,121,513		4,121,513		4,121,513	201.00
202.00		Total (see instructions)	213,432,933	0	213,432,933	0	213,432,933	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/23/2020 10:00 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	58,002,748		58,002,748		30.00
31.00	03100	INTENSIVE CARE UNIT	11,296,716		11,296,716		31.00
32.00	03200	CORONARY CARE UNIT	6,965,117		6,965,117		32.00
40.00	04000	SUBPROVIDER - IPF	2,202,335		2,202,335		40.00
41.00	04100	SUBPROVIDER - IRF	6,255,361		6,255,361		41.00
43.00	04300	NURSERY	853,551		853,551		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	61,052,722	59,813,443	120,866,165	0.126179	0.000000
50.01	05001	REHAB MEDICINE	7,126,038	1,814	7,127,852	0.250262	0.000000
51.00	05100	RECOVERY ROOM	1,925,924	2,491,317	4,417,241	0.241577	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,414,987	222,331	4,637,318	0.242343	0.000000
53.00	05300	ANESTHESIOLOGY	7,891,551	7,482,959	15,374,510	0.024356	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,256,784	57,149,056	71,405,840	0.123808	0.000000
54.01	03630	ULTRA SOUND	2,309,873	9,224,784	11,534,657	0.065316	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	4,117,061	21,842,614	25,959,675	0.064262	0.000000
57.00	05700	CT SCAN	18,782,266	41,314,629	60,096,895	0.035337	0.000000
59.00	05900	CARDIAC CATHETERIZATION	17,866,612	26,955,182	44,821,794	0.054316	0.000000
60.00	06000	LABORATORY	38,951,154	38,677,627	77,628,781	0.130124	0.000000
64.00	06400	INTRAVENOUS THERAPY	97,372	12,148,474	12,245,846	0.202214	0.000000
65.00	06500	RESPIRATORY THERAPY	18,533,097	2,655,760	21,188,857	0.094715	0.000000
66.00	06600	PHYSICAL THERAPY	3,459,218	2,301,097	5,760,315	0.278323	0.000000
67.00	06700	OCCUPATIONAL THERAPY	1,904,929	258,337	2,163,266	0.228663	0.000000
68.00	06800	SPEECH PATHOLOGY	1,805,103	453,390	2,258,493	0.145323	0.000000
69.00	06900	ELECTROCARDIOLOGY	11,505,081	32,828,803	44,333,884	0.062992	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	871,194	9,537,917	10,409,111	0.109040	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,143,256	7,817,657	24,960,913	0.447364	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	81,990,055	35,682,738	117,672,793	0.211049	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	40,858,537	160,600,209	201,458,746	0.189936	0.000000
73.01	07301	RETAIL PHARMACY	0	0	0	0.000000	0.000000
74.00	07400	RENAL DIALYSIS	2,974,379	1,487,069	4,461,448	0.289660	0.000000
76.00	03951	DIABETES	0	0	0	0.000000	0.000000
76.01	03950	LITHOTRIPTOR	0	0	0	0.000000	0.000000
76.02	03030	WOUNDCARE	144,547	15,973,301	16,117,848	0.102913	0.000000
76.03	03020	PICC LINE TEAM	1,315,352	141,337	1,456,689	0.043511	0.000000
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000
90.01	09001	PARTIAL HOSPITAL PRG	51,509	994,028	1,045,537	0.514169	0.000000
90.02	09002	PAIN MANAGEMENT	17,022	9,677,042	9,694,064	0.166775	0.000000
91.00	09100	EMERGENCY	14,975,078	44,023,469	58,998,547	0.122889	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,229,493	3,687,045	4,916,538	0.838296	0.000000
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
101.00	10100	HOME HEALTH AGENCY	0	11,231,464	11,231,464		101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	2,817,322	16,723,719	19,541,041		116.00
116.01	11601	HOSPICE II	0	3,097,669	3,097,669		116.01
200.00		Subtotal (see instructions)	465,963,344	636,496,281	1,102,459,625		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	465,963,344	636,496,281	1,102,459,625		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/23/2020 10:00 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	REHAB MEDICINE	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630	ULTRA SOUND	0.000000			54.01
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000			56.01
57.00	05700	CT SCAN	0.000000			57.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
73.01	07301	RETAIL PHARMACY	0.000000			73.01
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03951	DIABETES	0.000000			76.00
76.01	03950	LITHOTRIPTOR	0.000000			76.01
76.02	03030	WOUNDCARE	0.000000			76.02
76.03	03020	PICC LINE TEAM	0.000000			76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.000000			90.01
90.02	09002	PAIN MANAGEMENT	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
116.01	11601	HOSPICE II				116.01
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part II
Date/Time Prepared:
8/23/2020 10:00 pm

Cost Center Description			Title XIX			Hospital	Cost	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,250,724	1,469,214	13,781,510	73,461	689,076	50.00
50.01	05001	REHAB MEDICINE	1,783,834	89,802	1,694,032	4,490	84,702	50.01
51.00	05100	RECOVERY ROOM	1,067,102	151,039	916,063	7,552	45,803	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,123,820	70,462	1,053,358	3,523	52,668	52.00
53.00	05300	ANESTHESIOLOGY	374,468	43,527	330,941	2,176	16,547	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,840,585	2,275,942	6,564,643	113,797	328,232	54.00
54.01	03630	ULTRA SOUND	753,399	26,251	727,148	1,313	36,357	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,668,222	26,481	1,641,741	1,324	82,087	56.01
57.00	05700	CT SCAN	2,123,673	435,120	1,688,553	21,756	84,428	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,434,559	463,883	1,970,676	23,194	98,534	59.00
60.00	06000	LABORATORY	10,101,350	480,324	9,621,026	24,016	481,051	60.00
64.00	06400	INTRAVENOUS THERAPY	2,476,285	65,427	2,410,858	3,271	120,543	64.00
65.00	06500	RESPIRATORY THERAPY	2,006,895	51,670	1,955,225	2,584	97,761	65.00
66.00	06600	PHYSICAL THERAPY	1,603,231	46,103	1,557,128	2,305	77,856	66.00
67.00	06700	OCCUPATIONAL THERAPY	494,659	4,473	490,186	224	24,509	67.00
68.00	06800	SPEECH PATHOLOGY	328,212	5,004	323,208	250	16,160	68.00
69.00	06900	ELECTROCARDIOLOGY	2,792,691	189,296	2,603,395	9,465	130,170	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,135,009	236,206	898,803	11,810	44,940	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,166,613	435,992	10,730,621	21,800	536,531	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,834,778	176,550	24,658,228	8,828	1,232,911	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,264,249	256,805	38,007,444	12,840	1,900,372	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,292,304	6,517	1,285,787	326	64,289	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUND CARE	1,658,740	14,725	1,644,015	736	82,201	76.02
76.03	03020	PICC LINE TEAM	63,382	1,233	62,149	62	3,107	76.03
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	537,583	74,467	463,116	3,723	23,156	90.01
90.02	09002	PAIN MANAGEMENT	1,616,724	85,477	1,531,247	4,274	76,562	90.02
91.00	09100	EMERGENCY	7,250,263	465,347	6,784,916	23,267	339,246	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,121,513	382,551	3,738,962	19,128	186,948	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	194,106	968	193,138	48	9,657	95.00
101.00	10100	HOME HEALTH AGENCY	9,027,727	54,855	8,972,872	2,743	448,644	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	12,562,325	295,412	12,266,913	14,771	613,346	116.00
116.01	11601	HOSPICE II	1,191,477	6,403	1,185,074	320	59,254	116.01
200.00		Subtotal (sum of lines 50 thru 199)	170,140,502	8,387,526	161,752,976	419,377	8,087,648	200.00
201.00		Less Observation Beds	4,121,513	382,551	3,738,962	19,128	186,948	201.00
202.00		Total (line 200 minus line 201)	166,018,989	8,004,975	158,014,014	400,249	7,900,700	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part II
Date/Time Prepared:
8/23/2020 10:00 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	Cost
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,488,187	120,866,165	0.119870	50.00
50.01	05001	REHAB MEDICINE	1,694,642	7,127,852	0.237749	50.01
51.00	05100	RECOVERY ROOM	1,013,747	4,417,241	0.229498	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,067,629	4,637,318	0.230226	52.00
53.00	05300	ANESTHESIOLOGY	355,745	15,374,510	0.023139	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,398,556	71,405,840	0.117617	54.00
54.01	03630	ULTRA SOUND	715,729	11,534,657	0.062050	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,584,811	25,959,675	0.061049	56.01
57.00	05700	CT SCAN	2,017,489	60,096,895	0.033571	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,312,831	44,821,794	0.051601	59.00
60.00	06000	LABORATORY	9,596,283	77,628,781	0.123618	60.00
64.00	06400	INTRAVENOUS THERAPY	2,352,471	12,245,846	0.192104	64.00
65.00	06500	RESPIRATORY THERAPY	1,906,550	21,188,857	0.089979	65.00
66.00	06600	PHYSICAL THERAPY	1,523,070	5,760,315	0.264407	66.00
67.00	06700	OCCUPATIONAL THERAPY	469,926	2,163,266	0.217230	67.00
68.00	06800	SPEECH PATHOLOGY	311,802	2,258,493	0.138058	68.00
69.00	06900	ELECTROCARDIOLOGY	2,653,056	44,333,884	0.059843	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,078,259	10,409,111	0.103588	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,608,282	24,960,913	0.424996	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,593,039	117,672,793	0.200497	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,351,037	201,458,746	0.180439	73.00
73.01	07301	RETAIL PHARMACY	0	0	0.000000	73.01
74.00	07400	RENAL DIALYSIS	1,227,689	4,461,448	0.275177	74.00
76.00	03951	DIABETES	0	0	0.000000	76.00
76.01	03950	LITHOTRIPTOR	0	0	0.000000	76.01
76.02	03030	WOUND CARE	1,575,803	16,117,848	0.097768	76.02
76.03	03020	PICC LINE TEAM	60,213	1,456,689	0.041336	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	90.00
90.01	09001	PARTIAL HOSPITAL PRG	510,704	1,045,537	0.488461	90.01
90.02	09002	PAIN MANAGEMENT	1,535,888	9,694,064	0.158436	90.02
91.00	09100	EMERGENCY	6,887,750	58,998,547	0.116744	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,915,437	4,916,538	0.796381	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	184,401	0	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	8,576,340	11,231,464	0.763599	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	11,934,208	19,541,041	0.610725	116.00
116.01	11601	HOSPICE II	1,131,903	3,097,669	0.365405	116.01
200.00		Subtotal (sum of lines 50 thru 199)	161,633,477	1,016,883,797		200.00
201.00		Less Observation Beds	3,915,437	0		201.00
202.00		Total (line 200 minus line 201)	157,718,040	1,016,883,797		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
8/23/2020 10:00 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	3,142,270	0	3,142,270	38,162	82.34	30.00	
31.00	INTENSIVE CARE UNIT	305,342		305,342	3,173	96.23	31.00	
32.00	CORONARY CARE UNIT	242,791		242,791	2,189	110.91	32.00	
40.00	SUBPROVIDER - IPF	125,542	0	125,542	1,421	88.35	40.00	
41.00	SUBPROVIDER - IRF	306,027	0	306,027	5,557	55.07	41.00	
43.00	NURSERY	11,676		11,676	1,364	8.56	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
200.00	Total (lines 30 through 199)	4,133,648		4,133,648	51,866		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	14,434	1,188,496					30.00
31.00	INTENSIVE CARE UNIT	1,588	152,813					31.00
32.00	CORONARY CARE UNIT	1,057	117,232					32.00
40.00	SUBPROVIDER - IPF	550	48,593					40.00
41.00	SUBPROVIDER - IRF	3,634	200,124					41.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (lines 30 through 199)	21,263	1,707,258					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part II
Date/Time Prepared:
8/23/2020 10:00 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	1,469,214	120,866,165	0.012156	31,441,667	382,205	50.00
50.01	05001	REHAB MEDICINE	89,802	7,127,852	0.012599	144	2	50.01
51.00	05100	RECOVERY ROOM	151,039	4,417,241	0.034193	892,917	30,532	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	70,462	4,637,318	0.015195	14,914	227	52.00
53.00	05300	ANESTHESIOLOGY	43,527	15,374,510	0.002831	3,131,145	8,864	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,275,942	71,405,840	0.031873	7,195,114	229,330	54.00
54.01	03630	ULTRA SOUND	26,251	11,534,657	0.002276	1,413,734	3,218	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	26,481	25,959,675	0.001020	1,724,909	1,759	56.01
57.00	05700	CT SCAN	435,120	60,096,895	0.007240	17,263,662	124,989	57.00
59.00	05900	CARDIAC CATHETERIZATION	463,883	44,821,794	0.010349	960,722	9,943	59.00
60.00	06000	LABORATORY	480,324	77,628,781	0.006187	19,108,265	118,223	60.00
64.00	06400	INTRAVENOUS THERAPY	65,427	12,245,846	0.005343	25,955	139	64.00
65.00	06500	RESPIRATORY THERAPY	51,670	21,188,857	0.002439	8,291,586	20,223	65.00
66.00	06600	PHYSICAL THERAPY	46,103	5,760,315	0.008004	1,902,808	15,230	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,473	2,163,266	0.002068	1,036,093	2,143	67.00
68.00	06800	SPEECH PATHOLOGY	5,004	2,258,493	0.002216	1,087,031	2,409	68.00
69.00	06900	ELECTROCARDIOLOGY	189,296	44,333,884	0.004270	7,605,325	32,475	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	236,206	10,409,111	0.022692	419,547	9,520	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	435,992	24,960,913	0.017467	8,693,036	151,841	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	176,550	117,672,793	0.001500	37,034,940	55,552	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	256,805	201,458,746	0.001275	19,315,296	24,627	73.00
73.01	07301	RETAIL PHARMACY	0	0	0.000000	0	0	73.01
74.00	07400	RENAL DIALYSIS	6,517	4,461,448	0.001461	1,587,091	2,319	74.00
76.00	03951	DIABETES	0	0	0.000000	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0.000000	0	0	76.01
76.02	03030	WOUND CARE	14,725	16,117,848	0.000914	8,443	8	76.02
76.03	03020	PICC LINE TEAM	1,233	1,456,689	0.000846	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	74,467	1,045,537	0.071224	23,484	1,673	90.01
90.02	09002	PAIN MANAGEMENT	85,477	9,694,064	0.008817	7,872	69	90.02
91.00	09100	EMERGENCY	465,347	58,998,547	0.007887	5,831,597	45,994	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	382,551	4,916,538	0.077809	490,514	38,166	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	8,029,888	983,013,623		176,507,811	1,311,680	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 18-0102		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 8/23/2020 10:00 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	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	0	44.00	
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	38,162	0.00	14,434	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	3,173	0.00	1,588	31.00			
32.00	03200	CORONARY CARE UNIT	0	0	2,189	0.00	1,057	32.00			
40.00	04000	SUBPROVIDER - IPF	0	0	1,421	0.00	550	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	5,557	0.00	3,634	41.00			
43.00	04300	NURSERY	0	0	1,364	0.00	0	43.00			
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00			
200.00		Total (lines 30 through 199)	0	0	51,866		21,263	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	
32.00	03200	CORONARY CARE UNIT	0							32.00	
40.00	04000	SUBPROVIDER - IPF	0							40.00	
41.00	04100	SUBPROVIDER - IRF	0							41.00	
43.00	04300	NURSERY	0							43.00	
44.00	04400	SKILLED NURSING FACILITY	0							44.00	
200.00		Total (lines 30 through 199)	0							200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/23/2020 10:00 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			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	REHAB MEDICINE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	0	0	0	0	76.02
76.03	03020	PICC LINE TEAM	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/23/2020 10:00 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	120,866,165	0.000000	50.00
50.01	05001	REHAB MEDICINE	0	0	0	7,127,852	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	4,417,241	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,637,318	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	15,374,510	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	71,405,840	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	11,534,657	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	25,959,675	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	60,096,895	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	44,821,794	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	77,628,781	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	12,245,846	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	21,188,857	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,760,315	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,163,266	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,258,493	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	44,333,884	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	10,409,111	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	24,960,913	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	117,672,793	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	201,458,746	0.000000	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	4,461,448	0.000000	74.00
76.00	03951	DIABETES	0	0	0	0	0.000000	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0.000000	76.01
76.02	03030	WOUNDCARE	0	0	0	16,117,848	0.000000	76.02
76.03	03020	PICC LINE TEAM	0	0	0	1,456,689	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	1,045,537	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	9,694,064	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	58,998,547	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	4,916,538	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	983,013,623		200.00

Health Financial Systems		MERCY HEALTH LOURDES HOSPITAL LLC				In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 18-0102		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/23/2020 10:00 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	31,441,667	0	30,911,991	0	50.00	
50.01	05001	REHAB MEDICINE	0.000000	144	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	0.000000	892,917	0	748,497	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	14,914	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	3,131,145	0	2,201,129	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	7,195,114	0	15,309,282	0	54.00	
54.01	03630	ULTRA SOUND	0.000000	1,413,734	0	3,422,548	0	54.01	
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00	
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	1,724,909	0	7,373,477	0	56.01	
57.00	05700	CT SCAN	0.000000	17,263,662	0	23,356,133	0	57.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	960,722	0	1,277,762	0	59.00	
60.00	06000	LABORATORY	0.000000	19,108,265	0	6,947,586	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	25,955	0	972,349	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	8,291,586	0	622,480	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	1,902,808	0	58,721	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,036,093	0	22,261	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	1,087,031	0	50,084	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	7,605,325	0	16,615,343	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	419,547	0	2,962,750	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	8,693,036	0	3,543,637	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	37,034,940	0	16,878,432	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	19,315,296	0	54,035,250	0	73.00	
73.01	07301	RETAIL PHARMACY	0.000000	0	0	0	0	73.01	
74.00	07400	RENAL DIALYSIS	0.000000	1,587,091	0	362,645	0	74.00	
76.00	03951	DIABETES	0.000000	0	0	0	0	76.00	
76.01	03950	LITHOTRIPTOR	0.000000	0	0	0	0	76.01	
76.02	03030	WOUND CARE	0.000000	8,443	0	434,063	0	76.02	
76.03	03020	PICC LINE TEAM	0.000000	0	0	0	0	76.03	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001	PARTIAL HOSPITAL PRG	0.000000	23,484	0	154,426	0	90.01	
90.02	09002	PAIN MANAGEMENT	0.000000	7,872	0	1,517,194	0	90.02	
91.00	09100	EMERGENCY	0.000000	5,831,597	0	9,149,284	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	490,514	0	1,142,720	0	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)		176,507,811	0	200,070,044	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
8/23/2020 10:00 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	0.126179	30,911,991	0	0	3,900,444	50.00
50.01	05001	REHAB MEDICINE	0.250262	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.241577	748,497	0	0	180,820	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.242343	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.024356	2,201,129	0	0	53,611	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.123808	15,309,282	0	0	1,895,412	54.00
54.01	03630	ULTRA SOUND	0.065316	3,422,548	0	0	223,547	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.064262	7,373,477	0	0	473,834	56.01
57.00	05700	CT SCAN	0.035337	23,356,133	0	0	825,336	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.054316	1,277,762	0	0	69,403	59.00
60.00	06000	LABORATORY	0.130124	6,947,586	0	0	904,048	60.00
64.00	06400	INTRAVENOUS THERAPY	0.202214	972,349	0	0	196,623	64.00
65.00	06500	RESPIRATORY THERAPY	0.094715	622,480	0	0	58,958	65.00
66.00	06600	PHYSICAL THERAPY	0.278323	58,721	0	0	16,343	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.228663	22,261	0	0	5,090	67.00
68.00	06800	SPEECH PATHOLOGY	0.145323	50,084	0	0	7,278	68.00
69.00	06900	ELECTROCARDIOLOGY	0.062992	16,615,343	0	0	1,046,634	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.109040	2,962,750	0	0	323,058	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.447364	3,543,637	0	0	1,585,296	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.211049	16,878,432	0	0	3,562,176	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.189936	54,035,250	0	56,145	10,263,239	73.00
73.01	07301	RETAIL PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.289660	362,645	0	0	105,044	74.00
76.00	03951	DIABETES	0.000000	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	0	0	0	76.01
76.02	03030	WOUND CARE	0.102913	434,063	0	0	44,671	76.02
76.03	03020	PICC LINE TEAM	0.043511	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.514169	154,426	0	0	79,401	90.01
90.02	09002	PAIN MANAGEMENT	0.166775	1,517,194	0	0	253,030	90.02
91.00	09100	EMERGENCY	0.122889	9,149,284	0	100	1,124,346	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.838296	1,142,720	0	0	957,938	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		200,070,044	0	56,245	28,155,580	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		200,070,044	0	56,245	28,155,580	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
8/23/2020 10:00 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	REHAB MEDICINE	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRA SOUND	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
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	10,664		73.00
73.01	07301	RETAIL PHARMACY	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03951	DIABETES	0	0		76.00
76.01	03950	LITHOTRIPTOR	0	0		76.01
76.02	03030	WOUNDCARE	0	0		76.02
76.03	03020	PICC LINE TEAM	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0		90.01
90.02	09002	PAIN MANAGEMENT	0	0		90.02
91.00	09100	EMERGENCY	0	12		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	10,676		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	10,676		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 18-0102

Period:

Worksheet D

Component CCN: 18-S102

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/23/2020 10:00 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,469,214	120,866,165	0.012156	12,118	147	50.00
50.01	05001 REHAB MEDICINE	89,802	7,127,852	0.012599	0	0	50.01
51.00	05100 RECOVERY ROOM	151,039	4,417,241	0.034193	5,873	201	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	70,462	4,637,318	0.015195	0	0	52.00
53.00	05300 ANESTHESIOLOGY	43,527	15,374,510	0.002831	2,201	6	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,275,942	71,405,840	0.031873	27,443	875	54.00
54.01	03630 ULTRA SOUND	26,251	11,534,657	0.002276	1,425	3	54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	26,481	25,959,675	0.001020	1,813	2	56.01
57.00	05700 CT SCAN	435,120	60,096,895	0.007240	118,823	860	57.00
59.00	05900 CARDIAC CATHETERIZATION	463,883	44,821,794	0.010349	70	1	59.00
60.00	06000 LABORATORY	480,324	77,628,781	0.006187	314,881	1,948	60.00
64.00	06400 INTRAVENOUS THERAPY	65,427	12,245,846	0.005343	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	51,670	21,188,857	0.002439	26,512	65	65.00
66.00	06600 PHYSICAL THERAPY	46,103	5,760,315	0.008004	8,408	67	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,473	2,163,266	0.002068	2,188	5	67.00
68.00	06800 SPEECH PATHOLOGY	5,004	2,258,493	0.002216	3,513	8	68.00
69.00	06900 ELECTROCARDIOLOGY	189,296	44,333,884	0.004270	27,941	119	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	236,206	10,409,111	0.022692	1,108	25	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	435,992	24,960,913	0.017467	4,947	86	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	176,550	117,672,793	0.001500	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	256,805	201,458,746	0.001275	87,897	112	73.00
73.01	07301 RETAIL PHARMACY	0	0	0.000000	0	0	73.01
74.00	07400 RENAL DIALYSIS	6,517	4,461,448	0.001461	0	0	74.00
76.00	03951 DIABETES	0	0	0.000000	0	0	76.00
76.01	03950 LITHOTRIPTOR	0	0	0.000000	0	0	76.01
76.02	03030 WOUND CARE	14,725	16,117,848	0.000914	0	0	76.02
76.03	03020 PICC LINE TEAM	1,233	1,456,689	0.000846	169	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	74,467	1,045,537	0.071224	21,630	1,541	90.01
90.02	09002 PAIN MANAGEMENT	85,477	9,694,064	0.008817	0	0	90.02
91.00	09100 EMERGENCY	465,347	58,998,547	0.007887	199,932	1,577	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	4,916,538	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	7,647,337	983,013,623		868,892	7,648	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 18-0102

Period:

Worksheet D

Component CCN: 18-S102

From 01/01/2019
To 12/31/2019Part IV
Date/Time Prepared:
8/23/2020 10:00 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	0	50.00
50.01	05001	REHAB MEDICINE	0	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	0	0	0	0	0	76.02
76.03	03020	PICC LINE TEAM	0	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0			0	92.00
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 18-0102 Component CCN: 18-S102		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/23/2020 10:00 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	120,866,165	0.000000	50.00
50.01	05001	REHAB MEDICINE	0	0	0	7,127,852	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	4,417,241	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,637,318	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	15,374,510	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	71,405,840	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	11,534,657	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	25,959,675	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	60,096,895	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	44,821,794	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	77,628,781	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	12,245,846	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	21,188,857	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,760,315	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,163,266	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,258,493	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	44,333,884	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	10,409,111	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	24,960,913	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	117,672,793	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	201,458,746	0.000000	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	4,461,448	0.000000	74.00
76.00	03951	DIABETES	0	0	0	0	0.000000	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0.000000	76.01
76.02	03030	WOUND CARE	0	0	0	16,117,848	0.000000	76.02
76.03	03020	PICC LINE TEAM	0	0	0	1,456,689	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	1,045,537	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	9,694,064	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	58,998,547	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	4,916,538	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	983,013,623		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 18-0102

Period:

From 01/01/2019
To 12/31/2019

Worksheet D

Part IV
Date/Time Prepared:
8/23/2020 10:00 pm

Title XVIII

Subprovider -

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	12,118	0	0	0	50.00
50.01	05001 REHAB MEDICINE	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	5,873	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	2,201	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	27,443	0	1,459	0	54.00
54.01	03630 ULTRA SOUND	0.000000	1,425	0	7	0	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	1,813	0	0	0	56.01
57.00	05700 CT SCAN	0.000000	118,823	0	2,067	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	70	0	1	0	59.00
60.00	06000 LABORATORY	0.000000	314,881	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	26,512	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	8,408	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,188	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	3,513	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	27,941	0	372	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	1,108	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,947	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	87,897	0	2,434	0	73.00
73.01	07301 RETAIL PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03951 DIABETES	0.000000	0	0	0	0	76.00
76.01	03950 LITHOTRIPTOR	0.000000	0	0	0	0	76.01
76.02	03030 WOUNDCARE	0.000000	0	0	0	0	76.02
76.03	03020 PICC LINE TEAM	0.000000	169	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0.000000	21,630	0	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.000000	0	0	1	0	90.02
91.00	09100 EMERGENCY	0.000000	199,932	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		868,892	0	6,341	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 18-0102

Period:

Worksheet D

Component CCN: 18-S102

From 01/01/2019
To 12/31/2019Part V
Date/Time Prepared:
8/23/2020 10:00 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.126179	0	0	0	0 50.00
50.01	05001 REHAB MEDICINE	0.250262	0	0	0	0 50.01
51.00	05100 RECOVERY ROOM	0.241577	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.242343	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.024356	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.123808	1,459	0	0	181 54.00
54.01	03630 ULTRA SOUND	0.065316	7	0	0	0 54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0 56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.064262	0	0	0	0 56.01
57.00	05700 CT SCAN	0.035337	2,067	0	0	73 57.00
59.00	05900 CARDIAC CATHETERIZATION	0.054316	1	0	0	0 59.00
60.00	06000 LABORATORY	0.130124	0	0	0	0 60.00
64.00	06400 INTRAVENOUS THERAPY	0.202214	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.094715	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.278323	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.228663	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.145323	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.062992	372	0	0	23 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.109040	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.447364	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.211049	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.189936	2,434	0	340	462 73.00
73.01	07301 RETAIL PHARMACY	0.000000	0	0	0	0 73.01
74.00	07400 RENAL DIALYSIS	0.289660	0	0	0	0 74.00
76.00	03951 DIABETES	0.000000	0	0	0	0 76.00
76.01	03950 LITHOTRIPTOR	0.000000	0	0	0	0 76.01
76.02	03030 WOUNDCARE	0.102913	0	0	0	0 76.02
76.03	03020 PICC LINE TEAM	0.043511	0	0	0	0 76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	0	0	0	0 90.00
90.01	09001 PARTIAL HOSPITAL PRG	0.514169	0	0	0	0 90.01
90.02	09002 PAIN MANAGEMENT	0.166775	1	0	0	0 90.02
91.00	09100 EMERGENCY	0.122889	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.838296	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0 95.00
200.00	Subtotal (see instructions)		6,341	0	340	739 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		6,341	0	340	739 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 18-0102		Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 8/23/2020 10:00 pm
			Component CCN: 18-S102			
			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	REHAB MEDICINE	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRA SOUND	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
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	65		73.00
73.01	07301	RETAIL PHARMACY	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03951	DIABETES	0	0		76.00
76.01	03950	LITHOTRIPTOR	0	0		76.01
76.02	03030	WOUNDCARE	0	0		76.02
76.03	03020	PICC LINE TEAM	0	0		76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0		90.01
90.02	09002	PAIN MANAGEMENT	0	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	65		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	65		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 18-0102	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 8/23/2020 10:00 pm		
				Component CCN: 18-T102				
				Title XVIII		Subprovider - IRF	PPS	
	Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,469,214	120,866,165	0.012156	56,975	693	50.00
50.01	05001	REHAB MEDICINE	89,802	7,127,852	0.012599	4,671,742	58,859	50.01
51.00	05100	RECOVERY ROOM	151,039	4,417,241	0.034193	329,800	11,277	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	70,462	4,637,318	0.015195	0	0	52.00
53.00	05300	ANESTHESIOLOGY	43,527	15,374,510	0.002831	6,035	17	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,275,942	71,405,840	0.031873	152,245	4,853	54.00
54.01	03630	ULTRA SOUND	26,251	11,534,657	0.002276	39,541	90	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	26,481	25,959,675	0.001020	1,394	1	56.01
57.00	05700	CT SCAN	435,120	60,096,895	0.007240	170,762	1,236	57.00
59.00	05900	CARDIAC CATHETERIZATION	463,883	44,821,794	0.010349	1,458	15	59.00
60.00	06000	LABORATORY	480,324	77,628,781	0.006187	1,797,033	11,118	60.00
64.00	06400	INTRAVENOUS THERAPY	65,427	12,245,846	0.005343	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	51,670	21,188,857	0.002439	754,314	1,840	65.00
66.00	06600	PHYSICAL THERAPY	46,103	5,760,315	0.008004	4,322	35	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,473	2,163,266	0.002068	24,420	51	67.00
68.00	06800	SPEECH PATHOLOGY	5,004	2,258,493	0.002216	38,779	86	68.00
69.00	06900	ELECTROCARDIOLOGY	189,296	44,333,884	0.004270	81,667	349	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	236,206	10,409,111	0.022692	9,871	224	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	435,992	24,960,913	0.017467	181,831	3,176	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	176,550	117,672,793	0.001500	1,288	2	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	256,805	201,458,746	0.001275	3,507	4	73.00
73.01	07301	RETAIL PHARMACY	0	0	0.000000	0	0	73.01
74.00	07400	RENAL DIALYSIS	6,517	4,461,448	0.001461	123,078	180	74.00
76.00	03951	DIABETES	0	0	0.000000	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0.000000	0	0	76.01
76.02	03030	WOUNDCARE	14,725	16,117,848	0.000914	0	0	76.02
76.03	03020	PICC LINE TEAM	1,233	1,456,689	0.000846	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	74,467	1,045,537	0.071224	0	0	90.01
90.02	09002	PAIN MANAGEMENT	85,477	9,694,064	0.008817	0	0	90.02
91.00	09100	EMERGENCY	465,347	58,998,547	0.007887	3,724	29	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	4,916,538	0.000000	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	7,647,337	983,013,623		8,453,786	94,135	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 18-0102

Component CCN: 18-T102

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

Worksheet D
Part IV
Date/Time Prepared:
8/23/2020 10:00 pm

Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	REHAB MEDICINE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUND CARE	0	0	0	0	0	76.02
76.03	03020	PICC LINE TEAM	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 18-0102 Component CCN: 18-T102		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/23/2020 10:00 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	120,866,165	0.000000	50.00
50.01	05001	REHAB MEDICINE	0	0	0	7,127,852	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	4,417,241	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,637,318	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	15,374,510	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	71,405,840	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	11,534,657	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	25,959,675	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	60,096,895	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	44,821,794	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	77,628,781	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	12,245,846	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	21,188,857	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,760,315	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,163,266	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,258,493	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	44,333,884	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	10,409,111	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	24,960,913	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	117,672,793	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	201,458,746	0.000000	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	4,461,448	0.000000	74.00
76.00	03951	DIABETES	0	0	0	0	0.000000	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0.000000	76.01
76.02	03030	WOUND CARE	0	0	0	16,117,848	0.000000	76.02
76.03	03020	PICC LINE TEAM	0	0	0	1,456,689	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	1,045,537	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	9,694,064	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	58,998,547	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	4,916,538	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	983,013,623		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 18-0102 Component CCN: 18-T102		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/23/2020 10:00 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	56,975	0	0	0	50.00	
50.01	05001	REHAB MEDICINE	0.000000	4,671,742	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	0.000000	329,800	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	6,035	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	152,245	0	0	0	54.00	
54.01	03630	ULTRA SOUND	0.000000	39,541	0	2,056	0	54.01	
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00	
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	1,394	0	0	0	56.01	
57.00	05700	CT SCAN	0.000000	170,762	0	0	0	57.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	1,458	0	0	0	59.00	
60.00	06000	LABORATORY	0.000000	1,797,033	0	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	754,314	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	4,322	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	24,420	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	38,779	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	81,667	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	9,871	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	181,831	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,288	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	3,507	0	100	0	73.00	
73.01	07301	RETAIL PHARMACY	0.000000	0	0	0	0	73.01	
74.00	07400	RENAL DIALYSIS	0.000000	123,078	0	0	0	74.00	
76.00	03951	DIABETES	0.000000	0	0	0	0	76.00	
76.01	03950	LITHOTRIPTOR	0.000000	0	0	0	0	76.01	
76.02	03030	WOUNDCARE	0.000000	0	0	0	0	76.02	
76.03	03020	PICC LINE TEAM	0.000000	0	0	0	0	76.03	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001	PARTIAL HOSPITAL PRG	0.000000	0	0	0	0	90.01	
90.02	09002	PAIN MANAGEMENT	0.000000	0	0	0	0	90.02	
91.00	09100	EMERGENCY	0.000000	3,724	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)		8,453,786	0	2,156	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 18-0102

Period:

Worksheet D

Component CCN: 18-T102

From 01/01/2019
To 12/31/2019Part V
Date/Time Prepared:
8/23/2020 10:00 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.126179	0	0	0	0 50.00
50.01	05001 REHAB MEDICINE	0.250262	0	0	0	0 50.01
51.00	05100 RECOVERY ROOM	0.241577	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.242343	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.024356	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.123808	0	0	0	0 54.00
54.01	03630 ULTRA SOUND	0.065316	2,056	0	0	134 54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0 56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.064262	0	0	0	0 56.01
57.00	05700 CT SCAN	0.035337	0	0	0	0 57.00
59.00	05900 CARDIAC CATHETERIZATION	0.054316	0	0	0	0 59.00
60.00	06000 LABORATORY	0.130124	0	0	0	0 60.00
64.00	06400 INTRAVENOUS THERAPY	0.202214	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.094715	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.278323	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.228663	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.145323	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.062992	0	0	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.109040	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.447364	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.211049	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.189936	100	0	1,611	19 73.00
73.01	07301 RETAIL PHARMACY	0.000000	0	0	0	0 73.01
74.00	07400 RENAL DIALYSIS	0.289660	0	0	0	0 74.00
76.00	03951 DIABETES	0.000000	0	0	0	0 76.00
76.01	03950 LITHOTRIPTOR	0.000000	0	0	0	0 76.01
76.02	03030 WOUNDCARE	0.102913	0	0	0	0 76.02
76.03	03020 PICC LINE TEAM	0.043511	0	0	0	0 76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	0	0	0	0 90.00
90.01	09001 PARTIAL HOSPITAL PRG	0.514169	0	0	0	0 90.01
90.02	09002 PAIN MANAGEMENT	0.166775	0	0	0	0 90.02
91.00	09100 EMERGENCY	0.122889	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.838296	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0 95.00
200.00	Subtotal (see instructions)		2,156	0	1,611	153 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		2,156	0	1,611	153 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 18-0102

Period:

Worksheet D

Component CCN: 18-T102

From 01/01/2019
To 12/31/2019Part V
Date/Time Prepared:
8/23/2020 10:00 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	REHAB MEDICINE	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	56.01
57.00	05700	CT SCAN	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
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	306	73.00
73.01	07301	RETAIL PHARMACY	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03951	DIABETES	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	76.01
76.02	03030	WOUNDCARE	0	0	76.02
76.03	03020	PICC LINE TEAM	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	90.02
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0		95.00
200.00		Subtotal (see instructions)	0	306	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	306	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
8/23/2020 10:00 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	0.119870	0	690,362	0	50.00
50.01	05001	REHAB MEDICINE	0.237749	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.229498	0	25,621	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.230226	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.023139	0	61,398	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.117617	0	296,061	0	54.00
54.01	03630	ULTRA SOUND	0.062050	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.061049	0	58,898	0	56.01
57.00	05700	CT SCAN	0.033571	0	244,456	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.051601	0	0	0	59.00
60.00	06000	LABORATORY	0.123618	0	191,502	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.192104	0	48,386	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.089979	0	11,379	0	65.00
66.00	06600	PHYSICAL THERAPY	0.264407	0	15,492	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.217230	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.138058	0	6,200	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059843	0	110,320	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.103588	0	1,108	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.424996	0	30,067	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.200497	0	102,645	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.180439	0	780,270	0	73.00
73.01	07301	RETAIL PHARMACY	0.000000	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.275177	0	55,134	0	74.00
76.00	03951	DIABETES	0.000000	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	0	0	76.01
76.02	03030	WOUND CARE	0.097768	0	15,728	0	76.02
76.03	03020	PICC LINE TEAM	0.041336	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.488461	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.158436	0	12,152	0	90.02
91.00	09100	EMERGENCY	0.116744	0	296,823	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.796381	0	28,070	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	95.00
200.00		Subtotal (see instructions)		0	3,082,072	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	3,082,072	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
8/23/2020 10:00 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	82,754	0		50.00
50.01	05001	REHAB MEDICINE	0	0		50.01
51.00	05100	RECOVERY ROOM	5,880	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	1,421	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,822	0		54.00
54.01	03630	ULTRA SOUND	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	3,596	0		56.01
57.00	05700	CT SCAN	8,207	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	23,673	0		60.00
64.00	06400	INTRAVENOUS THERAPY	9,295	0		64.00
65.00	06500	RESPIRATORY THERAPY	1,024	0		65.00
66.00	06600	PHYSICAL THERAPY	4,096	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	856	0		68.00
69.00	06900	ELECTROCARDIOLOGY	6,602	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	115	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,778	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,580	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	140,791	0		73.00
73.01	07301	RETAIL PHARMACY	0	0		73.01
74.00	07400	RENAL DIALYSIS	15,172	0		74.00
76.00	03951	DIABETES	0	0		76.00
76.01	03950	LITHOTRIPTOR	0	0		76.01
76.02	03030	WOUND CARE	1,538	0		76.02
76.03	03020	PICC LINE TEAM	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0		90.01
90.02	09002	PAIN MANAGEMENT	1,925	0		90.02
91.00	09100	EMERGENCY	34,652	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	22,354	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	432,131	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	432,131	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/23/2020 10:00 pm
		Title XVIII	Hospital	PPS
Cost Center Description				
				1.00
	PART I - ALL PROVIDER COMPONENTS			
	INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		38,162	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,162	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)		33,516	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)		14,434	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)		33,854,016	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)		33,854,016	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)		33,854,016	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)		887.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,804,546	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)		12,804,546	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0102

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

Worksheet D-1

Date/Time Prepared:
8/23/2020 10:00 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	4,799,632	3,173	1,512.65	1,588	2,402,088
44.00	CORONARY CARE UNIT	3,350,025	2,189	1,530.39	1,057	1,617,622
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					27,721,076
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					44,545,332
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,458,541
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,311,680
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,770,221
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					41,775,111
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)					4,646
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					887.11
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,121,513

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0102

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

Worksheet D-1

Date/Time Prepared:
8/23/2020 10:00 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	3,142,270	33,854,016	0.092818	4,121,513	382,551	90.00
91.00 Nursing School cost	0	33,854,016	0.000000	4,121,513	0	91.00
92.00 Allied health cost	0	33,854,016	0.000000	4,121,513	0	92.00
93.00 All other Medical Education	0	33,854,016	0.000000	4,121,513	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/23/2020 10:00 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)		1,421	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,421	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)		1,421	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)		550	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)		1,666,245	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)		1,666,245	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)		1,666,245	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)		1,172.59	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		644,925	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		644,925	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0102

Period:

Worksheet D-1

Component CCN: 18-S102

From 01/01/2019

Date/Time Prepared:

To 12/31/2019

8/23/2020 10:00 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					114,135	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					759,060	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)					48,593	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					7,648	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					56,241	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					702,819	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: 18-0102

Period:

Worksheet D-1

Component CCN: 18-S102

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/23/2020 10:00 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	125,542	1,666,245	0.075344	0	0	90.00
91.00	Nursing School cost	0	1,666,245	0.000000	0	0	91.00
92.00	Allied health cost	0	1,666,245	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,666,245	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1
		Component CCN: 18-T102		Date/Time Prepared: 8/23/2020 10:00 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,557	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,557	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,557	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)		3,634	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)		3,517,046	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)		3,517,046	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)		3,517,046	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)		632.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,299,959	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)		2,299,959	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 18-0102	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1	
				Component CCN: 18-T102		Date/Time Prepared: 8/23/2020 10:00 pm	
				Title XVIII		Subprovider - IRF	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	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,726,118	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,026,077	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)					200,124	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					94,135	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					294,259	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,731,818	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: 18-0102

Period:

Worksheet D-1

Component CCN: 18-T102

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/23/2020 10:00 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	306,027	3,517,046	0.087013	0	0	90.00
91.00	Nursing School cost	0	3,517,046	0.000000	0	0	91.00
92.00	Allied health cost	0	3,517,046	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,517,046	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/23/2020 10:00 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		38,162	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,162	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)		33,516	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)		254	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,364	15.00
16.00	Nursery days (title V or XIX only)		1	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)		33,854,016	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)		33,854,016	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)		33,854,016	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)		887.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		225,326	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)		225,326	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0102

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

Worksheet D-1

Date/Time Prepared:
8/23/2020 10:00 pm

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)	226,980	1,364	166.41	1	166	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,799,632	3,173	1,512.65	27	40,842	43.00
44.00	CORONARY CARE UNIT	3,350,025	2,189	1,530.39	11	16,834	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					317,306	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					600,474	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,646	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					887.11	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,121.513	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0102

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

Worksheet D-1

Date/Time Prepared:
8/23/2020 10:00 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,142,270	33,854,016	0.092818	4,121,513	382,551	90.00
91.00	Nursing School cost	0	33,854,016	0.000000	4,121,513	0	91.00
92.00	Allied health cost	0	33,854,016	0.000000	4,121,513	0	92.00
93.00	All other Medical Education	0	33,854,016	0.000000	4,121,513	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/23/2020 10:00 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			1,421 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			1,421 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)			1,421 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)			0 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			1,364 15.00
16.00	Nursery days (title V or XIX only)			1 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)			1,666,245 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)			1,666,245 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)			1,666,245 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)			1,172.59 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			0 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)			0 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 18-0102	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1			
				Component CCN: 18-S102		Date/Time Prepared: 8/23/2020 10:00 pm			
				Title XIX		Subprovider - IPF	Cost		
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
			1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)			0	0	0.00	0	0	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			0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT								45.00
46.00	SURGICAL INTENSIVE CARE UNIT								46.00
47.00	OTHER SPECIAL CARE (SPECIFY)								47.00
Cost Center Description								1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)							0	49.00
PASS THROUGH COST ADJUSTMENTS									
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)							0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)							0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)							0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION									
54.00	Program discharges							0	54.00
55.00	Target amount per discharge							0.00	55.00
56.00	Target amount (line 54 x line 55)							0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							0	57.00
58.00	Bonus payment (see instructions)							0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket							0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket							0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							0	61.00
62.00	Relief payment (see instructions)							0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)							0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST									
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)							0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)							0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)							0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY									
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)								70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)								71.00
72.00	Program routine service cost (line 9 x line 71)								72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)								73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)								74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)								75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)								76.00
77.00	Program capital-related costs (line 9 x line 76)								77.00
78.00	Inpatient routine service cost (line 74 minus line 77)								78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)								79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)								80.00
81.00	Inpatient routine service cost per diem limitation								81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)								82.00
83.00	Reasonable inpatient routine service costs (see instructions)								83.00
84.00	Program inpatient ancillary services (see instructions)								84.00
85.00	Utilization review - physician compensation (see instructions)								85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)								86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
87.00	Total observation bed days (see instructions)							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: 18-0102

Period:

Worksheet D-1

Component CCN: 18-S102

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/23/2020 10:00 pm

Title XIX

Subprovider -
IPF

Cost

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	125,542	1,666,245	0.075344	0	0	90.00
91.00	Nursing School cost	0	1,666,245	0.000000	0	0	91.00
92.00	Allied health cost	0	1,666,245	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,666,245	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/23/2020 10:00 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			5,557 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,557 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			5,557 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)			0 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			1,364 15.00
16.00	Nursery days (title V or XIX only)			1 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)			3,517,046 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)			3,517,046 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)			3,517,046 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)			632.90 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			0 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)			0 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 18-0102	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1	
				Component CCN: 18-T102		Date/Time Prepared: 8/23/2020 10:00 pm	
				Title XIX		Subprovider - IRF	Cost
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	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					0	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0 53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0 54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)						0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0 57.00
58.00	Bonus payment (see instructions)						0 58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0 61.00
62.00	Relief payment (see instructions)						0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0 64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0 65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0 66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0 67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0 68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						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: 18-0102

Period:

Worksheet D-1

Component CCN: 18-T102

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/23/2020 10:00 pm

Title XIX

Subprovider -
IRF

Cost

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	306,027	3,517,046	0.087013	0	0	90.00
91.00	Nursing School cost	0	3,517,046	0.000000	0	0	91.00
92.00	Allied health cost	0	3,517,046	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,517,046	0.000000	0	0	93.00

Health Financial Systems		MERCY HEALTH LOURDES HOSPITAL LLC		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 18-0102	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/23/2020 10:00 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		23,423,845	30.00
31.00	03100	INTENSIVE CARE UNIT		4,474,810	31.00
32.00	03200	CORONARY CARE UNIT		2,980,606	32.00
40.00	04000	SUBPROVIDER - IPF		829,302	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.126179	31,441,667	50.00
50.01	05001	REHAB MEDICINE	0.250262	144	50.01
51.00	05100	RECOVERY ROOM	0.241577	892,917	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.242343	14,914	52.00
53.00	05300	ANESTHESIOLOGY	0.024356	3,131,145	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.123808	7,195,114	54.00
54.01	03630	ULTRA SOUND	0.065316	1,413,734	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.064262	1,724,909	56.01
57.00	05700	CT SCAN	0.035337	17,263,662	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.054316	960,722	59.00
60.00	06000	LABORATORY	0.130124	19,108,265	60.00
64.00	06400	INTRAVENOUS THERAPY	0.202214	25,955	64.00
65.00	06500	RESPIRATORY THERAPY	0.094715	8,291,586	65.00
66.00	06600	PHYSICAL THERAPY	0.278323	1,902,808	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.228663	1,036,093	67.00
68.00	06800	SPEECH PATHOLOGY	0.145323	1,087,031	68.00
69.00	06900	ELECTROCARDIOLOGY	0.062992	7,605,325	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.109040	419,547	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.447364	8,693,036	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.211049	37,034,940	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.189936	19,315,296	73.00
73.01	07301	RETAIL PHARMACY	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0.289660	1,587,091	74.00
76.00	03951	DIABETES	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	76.01
76.02	03030	WOUND CARE	0.102913	8,443	76.02
76.03	03020	PICC LINE TEAM	0.043511	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.514169	23,484	90.01
90.02	09002	PAIN MANAGEMENT	0.166775	7,872	90.02
91.00	09100	EMERGENCY	0.122889	5,831,597	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.838296	490,514	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		176,507,811	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)		176,507,811	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/23/2020 10:00 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		859,194		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.126179	12,118	1,529	50.00
50.01	05001 REHAB MEDICINE	0.250262	0	0	50.01
51.00	05100 RECOVERY ROOM	0.241577	5,873	1,419	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.242343	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.024356	2,201	54	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.123808	27,443	3,398	54.00
54.01	03630 ULTRA SOUND	0.065316	1,425	93	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.064262	1,813	117	56.01
57.00	05700 CT SCAN	0.035337	118,823	4,199	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.054316	70	4	59.00
60.00	06000 LABORATORY	0.130124	314,881	40,974	60.00
64.00	06400 INTRAVENOUS THERAPY	0.202214	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.094715	26,512	2,511	65.00
66.00	06600 PHYSICAL THERAPY	0.278323	8,408	2,340	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.228663	2,188	500	67.00
68.00	06800 SPEECH PATHOLOGY	0.145323	3,513	511	68.00
69.00	06900 ELECTROCARDIOLOGY	0.062992	27,941	1,760	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.109040	1,108	121	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.447364	4,947	2,213	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.211049	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.189936	87,897	16,695	73.00
73.01	07301 RETAIL PHARMACY	0.000000	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.289660	0	0	74.00
76.00	03951 DIABETES	0.000000	0	0	76.00
76.01	03950 LITHOTRIPTOR	0.000000	0	0	76.01
76.02	03030 WOUNDCARE	0.102913	0	0	76.02
76.03	03020 PICC LINE TEAM	0.043511	169	7	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 PARTIAL HOSPITAL PRG	0.514169	21,630	11,121	90.01
90.02	09002 PAIN MANAGEMENT	0.166775	0	0	90.02
91.00	09100 EMERGENCY	0.122889	199,932	24,569	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.838296	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		868,892	114,135	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)		868,892		202.00

Health Financial Systems		MERCY HEALTH LOURDES HOSPITAL LLC		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 18-0102	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3
			Component CCN: 18-T102	Date/Time Prepared: 8/23/2020 10:00 pm	
			Title XVIII	Subprovider - IRF	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		3,721,077	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.126179	56,975	50.00
50.01	05001	REHAB MEDICINE	0.250262	4,671,742	50.01
51.00	05100	RECOVERY ROOM	0.241577	329,800	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.242343	0	52.00
53.00	05300	ANESTHESIOLOGY	0.024356	6,035	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.123808	152,245	54.00
54.01	03630	ULTRA SOUND	0.065316	39,541	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.064262	1,394	56.01
57.00	05700	CT SCAN	0.035337	170,762	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.054316	1,458	59.00
60.00	06000	LABORATORY	0.130124	1,797,033	60.00
64.00	06400	INTRAVENOUS THERAPY	0.202214	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.094715	754,314	65.00
66.00	06600	PHYSICAL THERAPY	0.278323	4,322	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.228663	24,420	67.00
68.00	06800	SPEECH PATHOLOGY	0.145323	38,779	68.00
69.00	06900	ELECTROCARDIOLOGY	0.062992	81,667	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.109040	9,871	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.447364	181,831	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.211049	1,288	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.189936	3,507	73.00
73.01	07301	RETAIL PHARMACY	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0.289660	123,078	74.00
76.00	03951	DIABETES	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	76.01
76.02	03030	WOUNDCARE	0.102913	0	76.02
76.03	03020	PICC LINE TEAM	0.043511	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.514169	0	90.01
90.02	09002	PAIN MANAGEMENT	0.166775	0	90.02
91.00	09100	EMERGENCY	0.122889	3,724	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.838296	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		8,453,786	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)		8,453,786	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 18-0102	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/23/2020 10:00 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		382,688	30.00
31.00	03100	INTENSIVE CARE UNIT		78,960	31.00
32.00	03200	CORONARY CARE UNIT		83,038	32.00
40.00	04000	SUBPROVIDER - IPF		75,212	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		629	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.126179	296,700	37,437 50.00
50.01	05001	REHAB MEDICINE	0.250262	0	0 50.01
51.00	05100	RECOVERY ROOM	0.241577	10,868	2,625 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.242343	8,663	2,099 52.00
53.00	05300	ANESTHESIOLOGY	0.024356	37,737	919 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.123808	110,657	13,700 54.00
54.01	03630	ULTRA SOUND	0.065316	0	0 54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.064262	5,034	323 56.01
57.00	05700	CT SCAN	0.035337	124,325	4,393 57.00
59.00	05900	CARDIAC CATHETERIZATION	0.054316	0	0 59.00
60.00	06000	LABORATORY	0.130124	353,729	46,029 60.00
64.00	06400	INTRAVENOUS THERAPY	0.202214	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.094715	192,770	18,258 65.00
66.00	06600	PHYSICAL THERAPY	0.278323	30,353	8,448 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.228663	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.145323	25,763	3,744 68.00
69.00	06900	ELECTROCARDIOLOGY	0.062992	99,498	6,268 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.109040	4,432	483 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.447364	51,059	22,842 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.211049	182,881	38,597 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.189936	408,557	77,600 73.00
73.01	07301	RETAIL PHARMACY	0.000000	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.289660	75,891	21,983 74.00
76.00	03951	DIABETES	0.000000	0	0 76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	0 76.01
76.02	03030	WOUND CARE	0.102913	0	0 76.02
76.03	03020	PICC LINE TEAM	0.043511	0	0 76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.514169	0	0 90.01
90.02	09002	PAIN MANAGEMENT	0.166775	0	0 90.02
91.00	09100	EMERGENCY	0.122889	94,053	11,558 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.838296	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,112,970	317,306 200.00
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)		2,112,970	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A
Date/Time Prepared:
8/23/2020 10:00 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)			30,530,114	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			8,239,766	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)			246,855	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			58,649	2.04
3.00	Managed Care Simulated Payments			13,225,419	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			255.27	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			6.02	30.00
31.00	Percentage of Medicaid patient days (see instructions)			22.80	31.00
32.00	Sum of lines 30 and 31			28.82	32.00
33.00	Allowable disproportionate share percentage (see instructions)			12.99	33.00
34.00	Disproportionate share adjustment (see instructions)			1,259,053	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/23/2020 10:00 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
35.01	Factor 3 (see instructions)		0.000136488	0.000091533
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,129,144	764,352
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		844,538	192,132
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,036,670	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.0000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		41,371,107	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		41,371,107	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,134,183	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		1,400	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		44,506,690	59.00
60.00	Primary payer payments		11,390	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		44,495,300	61.00
62.00	Deductibles billed to program beneficiaries		4,409,044	62.00
63.00	Coinurance billed to program beneficiaries		89,342	63.00
64.00	Allowable bad debts (see instructions)		1,010,483	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		656,814	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		265,020	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		40,653,728	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	IDENTIFIED ON PS&R AS OTHER ADJUST		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)		-77,720	70.93
70.94	HRR adjustment amount (see instructions)		-475,336	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A
Date/Time Prepared:
8/23/2020 10:00 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		40,100,672	71.00	
71.01	Sequestration adjustment (see instructions)		802,013	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
71.03	Sequestration adjustment-PARHM pass-throughs			71.03	
72.00	Interim payments		39,403,686	72.00	
72.01	Interim payments-PARHM			72.01	
73.00	Tentative settlement (for contractor use only)		0	73.00	
73.01	Tentative settlement-PARHM (for contractor use only)			73.01	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-105,027	74.00	
74.01	Balance due provider/program-PARHM (see instructions)			74.01	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,000,745	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		40,257	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	0	100.00
	HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00	
	HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00	
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00	
	Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
	Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
	Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
8/23/2020 10:00 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	30,530,114	0	30,530,114		30,530,114
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,239,766	0		8,239,766	8,239,766
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	246,855	0	246,855		246,855
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	58,649	0		58,649	58,649
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	13,225,419	0	10,119,387	3,106,032	13,225,419
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1299	0.1299	0.1299	0.1299	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,259,053	0	991,466	267,587	1,259,053
11.01	Uncompensated care payments	36.00	1,036,670	0	919,942	270,233	1,190,175
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	41,371,107	0	32,534,872	8,836,235	41,371,107
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	41,371,107	0	32,534,872	8,836,235	41,371,107
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,134,183	0	2,478,564	655,619	3,134,183

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
8/23/2020 10:00 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	1,400	0	1,400	0	1,400	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	35,014,836	9,491,854	44,506,690	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	3,097,150	0	2,450,061	647,089	3,097,150	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	37,033	0	28,503	8,530	37,033	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,134,183	0	2,478,564	655,619	3,134,183	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
8/23/2020 10:00 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	30,530,114	30,530,114		30,530,114	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,239,766		8,239,766	8,239,766	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	246,855	246,855		246,855	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	58,649		58,649	58,649	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	13,225,419	10,119,387	3,106,032	13,225,419	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	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	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1299	0.1299	0.1299		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,259,053	991,466	267,587	1,259,053	11.00
11.01	Uncompensated care payments	36.00	1,036,670	878,159	284,607	1,162,766	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	41,371,107	32,520,498	8,850,609	41,371,107	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	41,371,107	32,520,498	8,850,609	41,371,107	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,134,183	2,478,564	655,619	3,134,183	16.00
17.00	Special add-on payments for new technologies	54.00	1,400	1,400	0	1,400	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			35,000,462	9,506,228	44,506,690	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
8/23/2020 10:00 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,097,150	2,450,061	647,089	3,097,150	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	37,033	28,503	8,530	37,033	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	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,134,183	2,478,564	655,619	3,134,183	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	-77,720	-69,325	-8,395	-77,720	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	-475,336	-384,699	-90,637	-475,336	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 8/23/2020 10:00 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		10,676	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		28,155,580	2.00
3.00	OPPS payments		28,773,876	3.00
4.00	Outlier payment (see instructions)		110,468	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		10,676	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		56,245	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)		56,245	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)		56,245	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		45,569	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)		10,676	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)		28,884,344	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)		5,211,696	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)		23,683,324	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)		23,683,324	30.00
31.00	Primary payer payments		20,524	31.00
32.00	Subtotal (line 30 minus line 31)		23,662,800	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)		788,633	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		512,611	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		199,256	36.00
37.00	Subtotal (see instructions)		24,175,411	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)		24,175,411	40.00
40.01	Sequestration adjustment (see instructions)		483,508	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		23,774,308	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)		-82,405	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		51,261	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		96,612	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

Health Financial Systems		MERCY HEALTH LOURDES HOSPITAL LLC	In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 8/23/2020 10:00 pm
		Component CCN: 18-S102		
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		65	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		739	2.00
3.00	OPPS payments		381	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		65	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		340	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)		340	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		340	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		275	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)		65	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)		381	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)		76	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)		370	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)		370	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		370	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)		370	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)		370	40.00
40.01	Sequestration adjustment (see instructions)		7	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03	
41.00	Interim payments		299	41.00
41.01	Interim payments-PARHM		41.01	
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01	
43.00	Balance due provider/program (see instructions)		64	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01	
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 8/23/2020 10:00 pm
		Component CCN: 18-T102		
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		306	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		153	2.00
3.00	OPPS payments		137	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		306	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,611	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)		1,611	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,611	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,305	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)		306	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)		137	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)		20	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)		423	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)		423	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		423	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)		423	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)		423	40.00
40.01	Sequestration adjustment (see instructions)		8	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03	
41.00	Interim payments		447	41.00
41.01	Interim payments-PARHM		41.01	
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01	
43.00	Balance due provider/program (see instructions)		-32	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01	
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		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: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
8/23/2020 10:00 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		38,618,763		23,183,091	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		430,164		401,208	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	07/24/2019	354,759	07/24/2019	190,009	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)		354,759		190,009	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)		39,403,686		23,774,308	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		105,027		82,405	6.02
7.00	Total Medicare program liability (see instructions)		39,298,659		23,691,903	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	CGS		15101		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 18-0102
 Component CCN: 18-S102

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 8/23/2020 10:00 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		402,509		299	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		12,443		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	07/24/2019	13,942		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)		13,942		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)		428,894		299	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		8,605		64	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		437,499		363	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 18-0102
 Component CCN: 18-T102

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 8/23/2020 10:00 pm

		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						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		5,575,912		447		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)		0		0		3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	07/24/2019	7,170		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)		-7,170		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)		5,568,742		447		4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0		5.01
5.02			0		0		5.02
5.03			0		0		5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0		5.50
5.51			0		0		5.51
5.52			0		0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		0		6.01
6.02	SETTLEMENT TO PROGRAM		25,397		32		6.02
7.00	Total Medicare program liability (see instructions)		5,543,345		415		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	CGS		15101			8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part II
Date/Time Prepared:
8/23/2020 10:00 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: 18-0102 Component CCN: 18-S102	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part II Date/Time Prepared: 8/23/2020 10:00 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)			538,943 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)			3.893151 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)			538,943 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)			538,943 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			538,943 18.00
19.00	Deductibles			122,736 19.00
20.00	Subtotal (line 18 minus line 19)			416,207 20.00
21.00	Coinurance			5,456 21.00
22.00	Subtotal (line 20 minus line 21)			410,751 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			54,888 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			35,677 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			14,316 25.00
26.00	Subtotal (sum of lines 22 and 24)			446,428 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			446,428 31.00
31.01	Sequestration adjustment (see instructions)			8,929 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			428,894 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)			8,605 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: 18-0102

Period:

Worksheet E-3

Component CCN: 18-T102

From 01/01/2019
To 12/31/2019Part III
Date/Time Prepared:
8/23/2020 10:00 pm

Title XVIII

Subprovider -
IRF

PPS

1.00

PART III - MEDICARE PART A SERVICES - IRF PPS

1.00	Net Federal PPS Payment (see instructions)	5,508,905	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0403	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	202,177	3.00
4.00	Outlier Payments	5,020	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	15.224658	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	5,716,102	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)	0	15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	5,716,102	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	5,716,102	19.00
20.00	Deductibles	50,444	20.00
21.00	Subtotal (line 19 minus line 20)	5,665,658	21.00
22.00	Coinsurance	16,368	22.00
23.00	Subtotal (line 21 minus line 22)	5,649,290	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	11,052	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	7,184	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,934	26.00
27.00	Subtotal (sum of lines 23 and 25)	5,656,474	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	0	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Demonstration payment adjustment amount before sequestration	0	31.99
32.00	Total amount payable to the provider (see instructions)	5,656,474	32.00
32.01	Sequestration adjustment (see instructions)	113,129	32.01
32.02	Demonstration payment adjustment amount after sequestration	0	32.02
33.00	Interim payments	5,568,742	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)	-25,397	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	36.00
TO BE COMPLETED BY CONTRACTOR			
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	5,020	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: 18-0102	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part VII Date/Time Prepared: 8/23/2020 10:00 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	600,474			1.00
2.00	Medical and other services			432,131	2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	600,474		432,131	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)	600,474		432,131	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	2,112,970		3,082,072	9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	2,112,970		3,082,072	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000		0.000000	15.00
16.00	Total customary charges (see instructions)	2,112,970		3,082,072	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	1,512,496		2,649,941	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)	600,474		432,131	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)	600,474		432,131	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)	600,474		432,131	31.00
32.00	Deductibles	0			32.00
33.00	Coinurance	0			33.00
34.00	Allowable bad debts (see instructions)	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)	600,474		432,131	36.00
37.00	ZERO SETTLEMENT	0		0	37.00
38.00	Subtotal (line 36 ± line 37)	600,474		432,131	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)	600,474		432,131	40.00
41.00	Interim payments	0		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	600,474		432,131	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: 18-0102 Component CCN: 18-S102	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part VII Date/Time Prepared: 8/23/2020 10:00 pm
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	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	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	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	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	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part VII Date/Time Prepared: 8/23/2020 10:00 pm	
		Title XIX	Subprovider - IRF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		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		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		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	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0		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

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

Provider CCN: 18-0102

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

Worksheet G

Date/Time Prepared:
8/23/2020 10:00 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	25,082,779	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	43,929,664	0	0	0	4.00
5.00	Other receivable	4,081,113	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-14,931,910	0	0	0	6.00
7.00	Inventory	7,635,209	0	0	0	7.00
8.00	Prepaid expenses	248,756	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	66,045,611	0	0	0	11.00
FIXED ASSETS						
12.00	Land	437,015	0	0	0	12.00
13.00	Land improvements	3,113,611	0	0	0	13.00
14.00	Accumulated depreciation	-2,944,754	0	0	0	14.00
15.00	Buildings	171,112,353	0	0	0	15.00
16.00	Accumulated depreciation	-113,218,993	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	101,772,366	0	0	0	23.00
24.00	Accumulated depreciation	-83,020,439	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)	77,251,159	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	119,037,628	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	3,935,297	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	122,972,925	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	266,269,695	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	22,870,110	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	7,631,923	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	873,194	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	31,375,227	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	13,372,041	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	264,316	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	13,636,357	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	45,011,584	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	221,258,111				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	221,258,111	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	266,269,695	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 18-0102

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

Worksheet G-1

Date/Time Prepared:
8/23/2020 10:00 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		205,918,560		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		37,492,180				2.00
3.00	Total (sum of line 1 and line 2)		243,410,740		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		243,410,740		0		11.00
12.00	MISCELLANEOUS	22,152,629		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)		22,152,629		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		221,258,111		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	MISCELLANEOUS		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: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
8/23/2020 10:00 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	58,658,154		58,658,154	1.00
2.00	SUBPROVIDER - IPF	2,202,335		2,202,335	2.00
3.00	SUBPROVIDER - IRF	6,254,560		6,254,560	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				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	67,115,049		67,115,049	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,274,056		11,274,056	11.00
12.00	CORONARY CARE UNIT	6,968,263		6,968,263	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	18,242,319		18,242,319	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	85,357,368		85,357,368	17.00
18.00	Ancillary services	361,126,066	539,684,319	900,810,385	18.00
19.00	Outpatient services	16,211,886	55,664,997	71,876,883	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		11,231,464	11,231,464	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	2,817,322	16,723,719	19,541,041	26.00
26.01	HOSPICE II	0	3,097,669	3,097,669	26.01
27.00	OTHER MISC	170,235	7,469,575	7,639,810	27.00
27.01	KIDNEY ACQUISITION	0	0	0	27.01
27.02	INTERN-RESIDENT SERVICE (NOT APPVD.	0	0	0	27.02
27.03	RETAIL PHARMACY	0	0	0	27.03
27.04	SNF CLOSING EXP	0	0	0	27.04
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	465,682,877	633,871,743	1,099,554,620	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		228,141,248		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		228,141,248		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 18-0102

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

Worksheet G-3

Date/Time Prepared:
8/23/2020 10:00 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,099,554,620	1.00
2.00	Less contractual allowances and discounts on patients' accounts	851,497,582	2.00
3.00	Net patient revenues (line 1 minus line 2)	248,057,038	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	228,141,248	4.00
5.00	Net income from service to patients (line 3 minus line 4)	19,915,790	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	Other Operating and Non Operating	17,576,390	24.00
25.00	Total other income (sum of lines 6-24)	17,576,390	25.00
26.00	Total (line 5 plus line 25)	37,492,180	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)	37,492,180	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 18-0102
HHA CCN: 18-7100
Period: From 01/01/2019 To 12/31/2019
Worksheet H
Date/Time Prepared: 8/23/2020 10:00 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	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	87,497	0	235,968	2,191,651	1,945,924	4,461,040	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	2,006,157	0	0	0	0	2,006,157	6.00
7.00	Physical Therapy	1,427,407	0	0	0	0	1,427,407	7.00
8.00	Occupational Therapy	394,015	0	0	0	0	394,015	8.00
9.00	Speech Pathology	127,784	0	0	0	0	127,784	9.00
10.00	Medical Social Services	72,187	0	0	0	0	72,187	10.00
11.00	Home Health Aide	58,758	0	0	0	0	58,758	11.00
12.00	Supplies (see instructions)	0	0	0	0	301,279	301,279	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	5,343	5,343	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)	198,538	0	0	0	0	198,538	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,372,343	0	235,968	2,191,651	2,252,546	9,052,508	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	-2,957,048	1,503,992	-2	1,503,990			5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	2,006,157	0	2,006,157			6.00
7.00	Physical Therapy	0	1,427,407	0	1,427,407			7.00
8.00	Occupational Therapy	0	394,015	0	394,015			8.00
9.00	Speech Pathology	0	127,784	0	127,784			9.00
10.00	Medical Social Services	0	72,187	0	72,187			10.00
11.00	Home Health Aide	0	58,758	0	58,758			11.00
12.00	Supplies (see instructions)	0	301,279	0	301,279			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	5,343	0	5,343			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	198,538	0	198,538			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	-2,957,048	6,095,460	-2	6,095,458			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: 18-0102

Period:

Worksheet H-1

HHA CCN: 18-7100

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/23/2020 10:00 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	2.00	3.00	4.00	4A.00		
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00	
2.00	Capital Related - Movable Equipment	0		0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0		4.00	
5.00	Administrative and General	1,503,990	0	0	0	0	1,503,990	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	2,006,157	0	0	0	0	2,006,157	6.00	
7.00	Physical Therapy	1,427,407	0	0	0	0	1,427,407	7.00	
8.00	Occupational Therapy	394,015	0	0	0	0	394,015	8.00	
9.00	Speech Pathology	127,784	0	0	0	0	127,784	9.00	
10.00	Medical Social Services	72,187	0	0	0	0	72,187	10.00	
11.00	Home Health Aide	58,758	0	0	0	0	58,758	11.00	
12.00	Supplies (see instructions)	301,279	0	0	0	0	301,279	12.00	
13.00	Drugs	0	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	5,343	0	0	0	0	5,343	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)	198,538	0	0	0	0	198,538	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	6,095,458	0	0	0	0	6,095,458	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	1,503,990						5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	657,140	2,663,297					6.00	
7.00	Physical Therapy	467,564	1,894,971					7.00	
8.00	Occupational Therapy	129,064	523,079					8.00	
9.00	Speech Pathology	41,857	169,641					9.00	
10.00	Medical Social Services	23,646	95,833					10.00	
11.00	Home Health Aide	19,247	78,005					11.00	
12.00	Supplies (see instructions)	98,688	399,967					12.00	
13.00	Drugs	0	0					13.00	
14.00	DME	0	0					14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0					15.00	
16.00	Respiratory Therapy	0	0					16.00	
17.00	Private Duty Nursing	0	0					17.00	
18.00	Clinic	0	0					18.00	
19.00	Health Promotion Activities	1,750	7,093					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)	65,034	263,572					23.00	
23.50	Telemedicine	0	0					23.50	
24.00	Total (sum of lines 1-23)		6,095,458					24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 18-0102

Period:

Worksheet H-1

HHA CCN: 18-7100

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/23/2020 10:00 pmHome Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)		
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
		1.00	2.00	3.00	4.00	5A.00	5.00		
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00	
2.00	Capital Related - Movable Equipment		0			0		2.00	
3.00	Plant Operation & Maintenance	0	0	1,000		0		3.00	
4.00	Transportation (see instructions)	0	0	0	60,158			4.00	
5.00	Administrative and General	0	0	1,000	0	-1,503,990	4,591,468	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	26,485	0	2,006,157	6.00	
7.00	Physical Therapy	0	0	0	23,932	0	1,427,407	7.00	
8.00	Occupational Therapy	0	0	0	5,458	0	394,015	8.00	
9.00	Speech Pathology	0	0	0	1,723	0	127,784	9.00	
10.00	Medical Social Services	0	0	0	666	0	72,187	10.00	
11.00	Home Health Aide	0	0	0	1,894	0	58,758	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	301,279	12.00	
13.00	Drugs	0	0	0		0	0	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	5,343	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	198,538	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	0	0	1,000	60,158	-1,503,990	4,591,468	24.00	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,503,990	25.00	
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.327562	26.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 18-0102

Period:

Worksheet H-2

HHA CCN: 18-7100

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/23/2020 10:00 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	Subtotal	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	5.01	5A.01	
1.00	Administrative and General	0	0	0	58,829	10,842	69,671	1.00
2.00	Skilled Nursing Care	2,663,297	0	0	462,503	0	3,125,800	2.00
3.00	Physical Therapy	1,894,971	0	0	361,103	0	2,256,074	3.00
4.00	Occupational Therapy	523,079	0	0	107,604	0	630,683	4.00
5.00	Speech Pathology	169,641	0	0	34,121	0	203,762	5.00
6.00	Medical Social Services	95,833	0	0	18,184	0	114,017	6.00
7.00	Home Health Aide	78,005	0	0	12,728	0	90,733	7.00
8.00	Supplies (see instructions)	399,967	0	0	0	0	399,967	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	7,093	0	0	0	0	7,093	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)	263,572	0	0	14,547	0	278,119	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	6,095,458	0	0	1,069,619	10,842	7,175,919	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		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		5.05	6.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	17,207	0	0	0	0	44,621	1.00
2.00	Skilled Nursing Care	771,998	0	0	0	0	0	2.00
3.00	Physical Therapy	557,196	0	0	0	0	0	3.00
4.00	Occupational Therapy	155,764	0	0	0	0	0	4.00
5.00	Speech Pathology	50,324	0	0	0	0	0	5.00
6.00	Medical Social Services	28,159	0	0	0	0	0	6.00
7.00	Home Health Aide	22,409	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	98,782	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	1,752	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)	68,689	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)	1,772,280	0	0	0	0	44,621	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: 18-0102

Period:

Worksheet H-2

HHA CCN: 18-7100

From 01/01/2019

Part I

To 12/31/2019

Date/Time Prepared:

8/23/2020 10:00 pm

Home Health
Agency I

PPS

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORT	
		13.00	14.00	15.00	16.00	17.00	18.00	
1.00	Administrative and General	0	0	0	28,146	0	6,761	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	28,146	0	6,761	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		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	166,406	0	166,406				1.00
2.00	Skilled Nursing Care	3,897,798	0	3,897,798	73,196	3,970,994		2.00
3.00	Physical Therapy	2,813,270	0	2,813,270	52,830	2,866,100		3.00
4.00	Occupational Therapy	786,447	0	786,447	14,769	801,216		4.00
5.00	Speech Pathology	254,086	0	254,086	4,771	258,857		5.00
6.00	Medical Social Services	142,176	0	142,176	2,670	144,846		6.00
7.00	Home Health Aide	113,142	0	113,142	2,125	115,267		7.00
8.00	Supplies (see instructions)	498,749	0	498,749	9,366	508,115		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	8,845	0	8,845	166	9,011		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	346,808	0	346,808	6,513	353,321		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	9,027,727	0	9,027,727	166,406	9,027,727		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.				0.018779			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: 18-0102

Period:

Worksheet H-2

HHA CCN: 18-7100

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/23/2020 10:00 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHON ES)	Agency 1 Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5.01	5A.05	5.05	
1.00	Administrative and General	0	0	257,577	39	0	69,671	1.00
2.00	Skilled Nursing Care	0	0	2,025,023	0	0	3,125,800	2.00
3.00	Physical Therapy	0	0	1,581,055	0	0	2,256,074	3.00
4.00	Occupational Therapy	0	0	471,132	0	0	630,683	4.00
5.00	Speech Pathology	0	0	149,395	0	0	203,762	5.00
6.00	Medical Social Services	0	0	79,615	0	0	114,017	6.00
7.00	Home Health Aide	0	0	55,730	0	0	90,733	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	399,967	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	7,093	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	63,691	0	0	278,119	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	4,683,218	39		7,175,919	20.00
21.00	Total cost to be allocated	0	0	1,069,619	10,842		1,772,280	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.228394	278.000000		0.246976	22.00
Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		6.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	0	0	0	0	6,095	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	6,095	0	20.00
21.00	Total cost to be allocated	0	0	0	0	44,621	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	7.320919	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 18-0102

Period:

Worksheet H-2

HHA CCN: 18-7100

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/23/2020 10:00 pmHome Health
Agency I

PPS

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE PATIENT TRANSPORT (GROSS CHAR GES)		
		14.00	15.00	16.00	17.00	18.00		
1.00	Administrative and General	0	0	11,231,464	0	11,231,464		1.00
2.00	Skilled Nursing Care	0	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19)	0	0	11,231,464	0	11,231,464		20.00
21.00	Total cost to be allocated	0	0	28,146	0	6,761		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.002506	0.000000	0.000602		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet H-3

HHA CCN: 18-7100

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/23/2020 10:00 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	3,970,994		3,970,994	28,819	137.79	1.00
2.00	Physical Therapy	3.00	2,866,100	0	2,866,100	26,079	109.90	2.00
3.00	Occupational Therapy	4.00	801,216	0	801,216	5,458	146.80	3.00
4.00	Speech Pathology	5.00	258,857	0	258,857	1,723	150.24	4.00
5.00	Medical Social Services	6.00	144,846		144,846	666	217.49	5.00
6.00	Home Health Aide	7.00	115,267		115,267	1,894	60.86	6.00
7.00	Total (sum of lines 1-6)		8,157,280	0	8,157,280	64,639		7.00
				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		99914	0	0			8.00
8.01	Skilled Nursing Care		99918	0	13,949			8.01
9.00	Physical Therapy		99914	0	0			9.00
9.01	Physical Therapy		99918	0	14,634			9.01
10.00	Occupational Therapy		99914	0	0			10.00
10.01	Occupational Therapy		99918	0	3,347			10.01
11.00	Speech Pathology		99914	0	0			11.00
11.01	Speech Pathology		99918	0	989			11.01
12.00	Medical Social Services		99914	0	0			12.00
12.01	Medical Social Services		99918	0	352			12.01
13.00	Home Health Aide		99914	0	0			13.00
13.01	Home Health Aide		99918	0	1,263			13.01
14.00	Total (sum of lines 8-13)			0	34,534			14.00
		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	508,115	0	508,115	301,279	1.686526	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
				Program Visits		Cost of Services		
				Part B		Part B		
				Not Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance		
				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	13,949		0	1,922,033		1.00
2.00	Physical Therapy	0	14,634		0	1,608,277		2.00
3.00	Occupational Therapy	0	3,347		0	491,340		3.00
4.00	Speech Pathology	0	989		0	148,587		4.00
5.00	Medical Social Services	0	352		0	76,556		5.00
6.00	Home Health Aide	0	1,263		0	76,866		6.00
7.00	Total (sum of lines 1-6)	0	34,534		0	4,323,659		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet H-3

HHA CCN: 18-7100

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/23/2020 10:00 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description						Agency 1				
		6.00	7.00	8.00	9.00	10.00	11.00			
Limitation Cost Computation										
8.00	Skilled Nursing Care							8.00		
8.01	Skilled Nursing Care							8.01		
9.00	Physical Therapy							9.00		
9.01	Physical Therapy							9.01		
10.00	Occupational Therapy							10.00		
10.01	Occupational Therapy							10.01		
11.00	Speech Pathology							11.00		
11.01	Speech Pathology							11.01		
12.00	Medical Social Services							12.00		
12.01	Medical Social Services							12.01		
13.00	Home Health Aide							13.00		
13.01	Home Health Aide							13.01		
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	221,627	0	0	373,780	0	15.00		
16.00	Cost of Drugs		0	0		0	0	16.00		
Cost Center Description		Total Program Cost (sum of cols. 9-10)								
		12.00								
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION										
Cost Per Visit Computation										
1.00	Skilled Nursing Care	1,922,033							1.00	
2.00	Physical Therapy	1,608,277							2.00	
3.00	Occupational Therapy	491,340							3.00	
4.00	Speech Pathology	148,587							4.00	
5.00	Medical Social Services	76,556							5.00	
6.00	Home Health Aide	76,866							6.00	
7.00	Total (sum of lines 1-6)	4,323,659							7.00	
Cost Center Description										
		12.00								
Limitation Cost Computation										
8.00	Skilled Nursing Care								8.00	
8.01	Skilled Nursing Care								8.01	
9.00	Physical Therapy								9.00	
9.01	Physical Therapy								9.01	
10.00	Occupational Therapy								10.00	
10.01	Occupational Therapy								10.01	
11.00	Speech Pathology								11.00	
11.01	Speech Pathology								11.01	
12.00	Medical Social Services								12.00	
12.01	Medical Social Services								12.01	
13.00	Home Health Aide								13.00	
13.01	Home Health Aide								13.01	
14.00	Total (sum of lines 8-13)								14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet H-3

HHA CCN: 18-7100

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/23/2020 10:00 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.278323	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.228663	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.145323	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.447364	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.189936	0	0	col. 2, line 16.00		5.00
5.01 Cost of Drugs 1	73.01	0.000000	0	0	col. 2, line 16.01		5.01

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 18-0102

Period:

Worksheet H-4

HHA CCN: 18-7100

From 01/01/2019
To 12/31/2019Part I-II
Date/Time Prepared:
8/23/2020 10:00 pm

Title XVIII

Home Health
Agency I

PPS

		Agency 1			
		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	8,640,916	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	8,640,916	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	8,640,916	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	1	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	-1	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	5,484,472	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	427,073	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	78,072	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	82,254	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	86,862	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	4,560	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	6,163,292	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	6,163,292	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	6,163,292	26.00
27.00	Reimbursable bad debts (from your records)				27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)				28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	6,163,292	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	6,163,292	31.00
31.01	Sequestration adjustment (see instructions)		0	123,267	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	6,040,025	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: 18-0102

Period:

Worksheet H-5

HHA CCN: 18-7100

From 01/01/2019

Date/Time Prepared:

To 12/31/2019

8/23/2020 10:00 pm

Home Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0			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		6,040,025	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		6,040,025	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		6,040,025	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	CGS		15101		8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0

Hospice CCN: 18-1507

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/23/2020 10:00 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI-CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		344,447	344,447	-165,221	179,226 2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	1,784,134	1,784,134	-855,796	928,338 3.00
4.00	ADMINISTRATIVE & GENERAL*	172,649	1,415,595	1,588,244	-679,019	909,225 4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	126,230	126,230	-60,549	65,681 5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0 6.00
7.00	HOUSEKEEPING*	0	3,412	3,412	-1,637	1,775 7.00
8.00	DIETARY*	0	9,055	9,055	-4,344	4,711 8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0 9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	8,808	8,808	-4,225	4,583 10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0 11.00
12.00	STAFF TRANSPORTATION*	0	298,200	298,200	-143,038	155,162 12.00
13.00	VOLUNTEER SERVICE COORDINATION*	57,595	0	57,595	0	57,595 13.00
14.00	PHARMACY*	0	792,991	792,991	-380,374	412,617 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0 15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		19,526	19,526	-9,366	10,160 25.00
26.00	PHYSICIAN SERVICES**	0	506,317	506,317	-242,865	263,452 26.00
27.00	NURSE PRACTITIONER**	82,724	0	82,724	0	82,724 27.00
28.00	REGISTERED NURSE**	2,644,425	0	2,644,425	0	2,644,425 28.00
29.00	LPN/LVN**	260,015	0	260,015	0	260,015 29.00
30.00	PHYSICAL THERAPY**	12,695	0	12,695	0	12,695 30.00
31.00	OCCUPATIONAL THERAPY**	359	0	359	0	359 31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	340	0	340	0	340 32.00
33.00	MEDICAL SOCIAL SERVICES**	363,046	0	363,046	0	363,046 33.00
34.00	SPIRITUAL COUNSELING**	162,384	0	162,384	0	162,384 34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0 35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0 36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	416,187	0	416,187	0	416,187 37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	711,827	711,827	-341,442	370,385 38.00
39.00	PATIENT TRANSPORTATION**	0	117,755	117,755	-56,484	61,271 39.00
40.00	IMAGING SERVICES**	0	0	0	0	0 40.00
41.00	LABS & DIAGNOSTICS**	0	6,801	6,801	-3,262	3,539 41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	327,270	327,270	-156,983	170,287 42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0 42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0 43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0 44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	-39,507	-39,507 45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	105,583	105,583	-11,138	94,445 46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	18,043	0	18,043	0	18,043 60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0 61.00
62.00	FUNDRAISING*	0	0	0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM*	132,689	5,376	138,065	-2,579	135,486 64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0 65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0 66.00
67.00	ADVERTISING*	0	3,980	3,980	-1,909	2,071 67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0 68.00
69.00	THRIFT STORE*	0	0	0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	1,498,315	1,498,315	-718,696	779,619 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0 71.00
100.00	TOTAL	4,323,151	8,085,622	12,408,773	-3,878,434	8,530,339 100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0

Hospice CCN: 18-1507

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/23/2020 10:00 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	179,226	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	928,338	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	909,225	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	65,681	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	1,775	7.00
8.00	DIETARY*	0	4,711	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	4,583	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	155,162	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	57,595	13.00
14.00	PHARMACY*	0	412,617	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	1	10,161	25.00
26.00	PHYSICIAN SERVICES**	0	263,452	26.00
27.00	NURSE PRACTITIONER**	0	82,724	27.00
28.00	REGISTERED NURSE**	0	2,644,425	28.00
29.00	LPN/LVN**	0	260,015	29.00
30.00	PHYSICAL THERAPY**	0	12,695	30.00
31.00	OCCUPATIONAL THERAPY**	0	359	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	340	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	363,046	33.00
34.00	SPIRITUAL COUNSELING**	0	162,384	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	416,187	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	370,385	38.00
39.00	PATIENT TRANSPORTATION**	0	61,271	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	3,539	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	170,287	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	-39,507	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	94,445	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	18,043	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	135,486	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	2,071	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	779,619	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	1	8,530,340	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0

Hospice CCN: 14-1548

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/23/2020 10:00 pm

		Hospice II				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		4,800	4,800	5,110	9,910
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0
4.00	ADMINISTRATIVE & GENERAL*	0	8,947	8,947	9,528	18,475
5.00	PLANT OPERATION & MAINTENANCE*	0	7,314	7,314	7,787	15,101
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0
7.00	HOUSEKEEPING*	0	0	0	0	0
8.00	DIETARY*	0	0	0	0	0
9.00	NURSING ADMINISTRATION*	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES*	0	14,402	14,402	15,333	29,735
11.00	MEDICAL RECORDS*	0	0	0	0	0
12.00	STAFF TRANSPORTATION*	0	0	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0
14.00	PHARMACY*	0	104,283	104,283	111,024	215,307
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		3,600	3,600	3,833	7,433
26.00	PHYSICIAN SERVICES**	0	0	0	0	0
27.00	NURSE PRACTITIONER**	0	0	0	0	0
28.00	REGISTERED NURSE**	0	0	0	0	0
29.00	LPN/LVN**	0	0	0	0	0
30.00	PHYSICAL THERAPY**	0	0	0	0	0
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	0	0
34.00	SPIRITUAL COUNSELING**	0	0	0	0	0
35.00	DIETARY COUNSELING**	0	0	0	0	0
36.00	COUNSELING - OTHER**	0	0	0	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	0	0	0	0
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	97,931	97,931	104,264	202,195
39.00	PATIENT TRANSPORTATION**	0	12,129	12,129	12,914	25,043
40.00	IMAGING SERVICES**	0	0	0	0	0
41.00	LABS & DIAGNOSTICS**	0	383	383	408	791
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	27,129	27,129	28,880	56,009
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0
43.00	OUTPATIENT SERVICES**	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0
62.00	FUNDRAISING*	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0
66.00	RESIDENTIAL CARE*	0	0	0	0	0
67.00	ADVERTISING*	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0
69.00	THRIFT STORE*	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD*	0	130,247	130,247	138,665	268,912
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0
100.00	TOTAL	0	411,165	411,165	437,746	848,911

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0

Hospice CCN: 14-1548

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/23/2020 10:00 pm

Hospice II

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	9,910	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	1	1	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	18,475	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	15,101	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	29,735	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	1	1	13.00
14.00	PHARMACY*	0	215,307	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	7,433	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	1	1	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	1	1	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	202,195	38.00
39.00	PATIENT TRANSPORTATION**	0	25,043	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	791	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	56,009	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	268,912	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	4	848,915	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE
Provider CCN: 18-0102
Hospice CCN: 18-1507
Period: From 01/01/2019 To 12/31/2019
Worksheet 0-2
Date/Time Prepared: 8/23/2020 10:00 pm

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	470,311	470,311	-225,594	244,717	26.00
27.00	NURSE PRACTITIONER	82,724	0	82,724	0	82,724	27.00
28.00	REGISTERED NURSE	2,019,120	0	2,019,120	0	2,019,120	28.00
29.00	LPN/LVN	113,035	0	113,035	0	113,035	29.00
30.00	PHYSICAL THERAPY	12,695	0	12,695	0	12,695	30.00
31.00	OCCUPATIONAL THERAPY	359	0	359	0	359	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	340	0	340	0	340	32.00
33.00	MEDICAL SOCIAL SERVICES	326,205	0	326,205	0	326,205	33.00
34.00	SPIRITUAL COUNSELING	94,768	0	94,768	0	94,768	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	326,135	0	326,135	0	326,135	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	711,827	711,827	-341,442	370,385	38.00
39.00	PATIENT TRANSPORTATION	0	5,888	5,888	-2,824	3,064	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	6,801	6,801	-3,262	3,539	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	302,524	302,524	-145,112	157,412	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	23,220	23,220	-11,138	12,082	46.00
100.00	TOTAL *	2,975,381	1,520,571	4,495,952	-729,372	3,766,580	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	244,717	26.00
27.00	NURSE PRACTITIONER	0	82,724	27.00
28.00	REGISTERED NURSE	0	2,019,120	28.00
29.00	LPN/LVN	0	113,035	29.00
30.00	PHYSICAL THERAPY	0	12,695	30.00
31.00	OCCUPATIONAL THERAPY	0	359	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	340	32.00
33.00	MEDICAL SOCIAL SERVICES	0	326,205	33.00
34.00	SPIRITUAL COUNSELING	0	94,768	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	326,135	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	370,385	38.00
39.00	PATIENT TRANSPORTATION	0	3,064	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	3,539	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	157,412	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	12,082	46.00
100.00	TOTAL *	0	3,766,580	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE
Provider CCN: 18-0102
Hospice CCN: 14-1548
Period: From 01/01/2019 To 12/31/2019
Worksheet 0-2
Date/Time Prepared: 8/23/2020 10:00 pm

				Hospice II			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	97,009	97,009	103,282	200,291	38.00
39.00	PATIENT TRANSPORTATION	0	12,015	12,015	12,792	24,807	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	379	379	404	783	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	26,873	26,873	28,609	55,482	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	136,276	136,276	145,087	281,363	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	1	1	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	1	1	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	200,291	38.00
39.00	PATIENT TRANSPORTATION	0	24,807	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	783	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	55,482	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	2	281,365	100.00

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

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

Provider CCN: 18-0102

Period:

Worksheet 0-3

Hospice CCN: 18-1507

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/23/2020 10:00 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	87,543	0	87,543	0	87,543	28.00
29.00	LPN/LVN	20,577	0	20,577	0	20,577	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	5,158	0	5,158	0	5,158	33.00
34.00	SPIRITUAL COUNSELING	9,466	0	9,466	0	9,466	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	12,607	0	12,607	0	12,607	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	17,663	17,663	-8,473	9,190	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	5,196	5,196	-2,493	2,703	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	135,351	22,859	158,210	-10,966	147,244	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	1	1	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	87,543	28.00
29.00	LPN/LVN	0	20,577	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	5,158	33.00
34.00	SPIRITUAL COUNSELING	0	9,466	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	12,607	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	9,190	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	2,703	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	1	147,245	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT
RESPIRE CARE
Provider CCN: 18-0102
Hospice CCN: 14-1548
Period:
From 01/01/2019
To 12/31/2019
Worksheet 0-3
Date/Time Prepared:
8/23/2020 10:00 pm

				Hospice II			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		2,100	2,100	2,236	4,336	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	922	922	982	1,904	38.00
39.00	PATIENT TRANSPORTATION	0	114	114	122	236	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	4	4	4	8	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	256	256	271	527	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	3,396	3,396	3,615	7,011	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	4,336	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	1,904	38.00
39.00	PATIENT TRANSPORTATION	0	236	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	8	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	527	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	7,011	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL
INPATIENT CARE
Provider CCN: 18-0102
Hospice CCN: 18-1507
Period:
From 01/01/2019
To 12/31/2019
Worksheet 0-4
Date/Time Prepared:
8/23/2020 10:00 pm

					Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL		
		1.00	2.00	3.00	4.00	5.00		
DIRECT PATIENT CARE SERVICE COST CENTERS								
25.00	INPATIENT CARE-CONTRACTED		19,526	19,526	-9,366	10,160	25.00	
26.00	PHYSICIAN SERVICES	0	36,006	36,006	-17,271	18,735	26.00	
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00	
28.00	REGISTERED NURSE	537,762	0	537,762	0	537,762	28.00	
29.00	LPN/LVN	126,403	0	126,403	0	126,403	29.00	
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00	
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00	
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00	
33.00	MEDICAL SOCIAL SERVICES	31,683	0	31,683	0	31,683	33.00	
34.00	SPIRITUAL COUNSELING	58,150	0	58,150	0	58,150	34.00	
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00	
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00	
37.00	HOSPICE AIDE & HOME MAKER SERVICES	77,445	0	77,445	0	77,445	37.00	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00	
39.00	PATIENT TRANSPORTATION	0	94,204	94,204	-45,187	49,017	39.00	
40.00	IMAGING SERVICES	0	0	0	0	0	40.00	
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00	
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	19,550	19,550	-9,378	10,172	42.00	
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50	
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00	
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00	
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	-39,507	-39,507	45.00	
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	82,363	82,363	0	82,363	46.00	
100.00	TOTAL *	831,443	251,649	1,083,092	-120,709	962,383	100.00	

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	10,160	25.00
26.00	PHYSICIAN SERVICES	0	18,735	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	537,762	28.00
29.00	LPN/LVN	0	126,403	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	31,683	33.00
34.00	SPIRITUAL COUNSELING	0	58,150	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	77,445	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	49,017	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	10,172	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	-39,507	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	82,363	46.00
100.00	TOTAL *	0	962,383	100.00

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

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

Provider CCN: 18-0102

Period:

Worksheet 0-4

Hospice CCN: 14-1548

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/23/2020 10:00 pm

				Hospice II			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		1,500	1,500	1,597	3,097	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	1,500	1,500	1,597	3,097	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	3,097	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	3,097	100.00

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

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

Provider CCN: 18-0102

Period:

Worksheet 0-5

Hospice CCN: 18-1507

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/23/2020 10:00 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	84,195	84,195	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	179,226	79,333	258,559	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	928,338	902,243	1,830,581	3.00
4.00	ADMINISTRATIVE & GENERAL	909,225	2,436,494	3,345,719	4.00
5.00	PLANT OPERATION & MAINTENANCE	65,681	369,429	435,110	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	1,775	99,557	101,332	7.00
8.00	DIETARY	4,711	0	4,711	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	4,583	0	4,583	10.00
11.00	MEDICAL RECORDS	0	48,970	48,970	11.00
12.00	STAFF TRANSPORTATION	155,162	0	155,162	12.00
13.00	VOLUNTEER SERVICE COORDINATION	57,595	0	57,595	13.00
14.00	PHARMACY	412,617	0	412,617	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	11,764	11,764	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	3,766,580	0	3,766,580	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	147,245	0	147,245	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	962,383	0	962,383	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	18,043	0	18,043	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	135,486	0	135,486	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	2,071	0	2,071	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	779,619	0	779,619	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	8,530,340	4,031,985	12,562,325	100.00

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

Provider CCN: 18-0102

Period:

Worksheet 0-5

Hospice CCN: 14-1548

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/23/2020 10:00 pm

Descriptions		Hospice II		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	9,910	0	9,910	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	1	98,728	98,729	3.00
4.00	ADMINISTRATIVE & GENERAL	18,475	234,206	252,681	4.00
5.00	PLANT OPERATION & MAINTENANCE	15,101	0	15,101	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	29,735	0	29,735	10.00
11.00	MEDICAL RECORDS	0	7,763	7,763	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	1	0	1	13.00
14.00	PHARMACY	215,307	0	215,307	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	1,865	1,865	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	281,365	0	281,365	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	7,011	0	7,011	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,097	0	3,097	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	268,912	0	268,912	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	848,915	342,562	1,191,477	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 18-1507

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/23/2020 10:00 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0		1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	84,195		84,195				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	258,559			258,559			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	1,830,581		0	0	1,830,581		3.00
4.00	ADMINISTRATIVE & GENERAL	3,345,719		84,195	258,559	429,357	4,117,830	4.00
5.00	PLANT OPERATION & MAINTENANCE	435,110		0	0	0	435,110	5.00
6.00	LAUNDRY & LINEN SERVICE	0		0	0	0	0	6.00
7.00	HOUSEKEEPING	101,332		0	0	0	101,332	7.00
8.00	DIETARY	4,711		0	0	0	4,711	8.00
9.00	NURSING ADMINISTRATION	0		0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	4,583		0	0	0	4,583	10.00
11.00	MEDICAL RECORDS	48,970		0	0	0	48,970	11.00
12.00	STAFF TRANSPORTATION	155,162		0	0	0	155,162	12.00
13.00	VOLUNTEER SERVICE COORDINATION	57,595		0	0	17,794	75,389	13.00
14.00	PHARMACY	412,617		0	0	0	412,617	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	11,764		0	0	0	11,764	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0	0		0	17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0				0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	3,766,580				1,198,056	4,964,636	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	147,245		0	0	8,120	155,365	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	962,383		0	0	128,452	1,090,835	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	18,043		0	0	0	18,043	60.00
61.00	VOLUNTEER PROGRAM	0		0	0	0	0	61.00
62.00	FUNDRAISING	0		0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	135,486		0	0	48,802	184,288	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0		0	0	0	0	66.00
67.00	ADVERTISING	2,071		0	0	0	2,071	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	0	0	0	68.00
69.00	THRIFT STORE	0		0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	779,619					779,619	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0		0	0	0	0	99.00
100.00	TOTAL	12,562,325		84,195	258,559	1,830,581	12,562,325	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 18-1507

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/23/2020 10:00 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	4,117,830						4.00
5.00	PLANT OPERATION & MAINTENANCE	233,756	668,866					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	54,439	0			155,771		7.00
8.00	DIETARY	2,531	0			0	7,242	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	2,462	668,866			0		10.00
11.00	MEDICAL RECORDS	26,308	0			0		11.00
12.00	STAFF TRANSPORTATION	83,358	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	40,502	0			0		13.00
14.00	PHARMACY	221,672	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	6,320	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	2,667,169						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	83,467	0		0	0	1,069	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	586,034	0		0	155,771	6,173	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	9,693	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	99,006	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	1,113	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	4,117,830	668,866		0	155,771	7,242	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 18-1507

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/23/2020 10:00 pm

Descriptions		Hospice I				
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION
		9.00	10.00	11.00	12.00	13.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	675,911			10.00
11.00	MEDICAL RECORDS	0		75,278		11.00
12.00	STAFF TRANSPORTATION	0			238,520	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	115,891 13.00
14.00	PHARMACY	0			0	0 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0 15.00
16.00	OTHER GENERAL SERVICE	0			0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	0	647,337	72,095	238,520	104,024 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	4,099	457	0	724 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	24,475	2,726	0	11,143 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0 60.00
61.00	VOLUNTEER PROGRAM	0			0	0 61.00
62.00	FUNDRAISING	0			0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0 63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0 64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0 65.00
66.00	RESIDENTIAL CARE	0			0	0 66.00
67.00	ADVERTISING	0			0	0 67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0 68.00
69.00	THRIFT STORE	0			0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0 71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0 99.00
100.00	TOTAL	0	675,911	75,278	238,520	115,891 100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 18-1507

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/23/2020 10:00 pm

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	634,289					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		18,084			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	608,323	0	17,344		9,319,448	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	3,852	0	110	0	249,143	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	22,114	0	630	0	1,899,901	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		27,736	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		283,294	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		3,184	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					779,619	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	634,289	0	18,084	0	12,562,325	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 14-1548

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/23/2020 10:00 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX		CAP REL MVBLE EQUIP		EMPLOYEE BENEFITS DEPARTMENT		SUBTOTAL	
		0		1.00		2.00		3.00		3A	
GENERAL SERVICE COST CENTERS											
1.00	CAP REL COSTS-BLDG & FIXT	9,910		9,910							1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0				0					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	98,729		0		0		98,729			3.00
4.00	ADMINISTRATIVE & GENERAL	252,681		9,910		0		6,475		269,066	4.00
5.00	PLANT OPERATION & MAINTENANCE	15,101		0		0		0		15,101	5.00
6.00	LAUNDRY & LINEN SERVICE	0		0		0		0		0	6.00
7.00	HOUSEKEEPING	0		0		0		0		0	7.00
8.00	DIETARY	0		0		0		0		0	8.00
9.00	NURSING ADMINISTRATION	0		0		0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	29,735		0		0		0		29,735	10.00
11.00	MEDICAL RECORDS	7,763		0		0		0		7,763	11.00
12.00	STAFF TRANSPORTATION	0		0		0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	1		0		0		2,160		2,161	13.00
14.00	PHARMACY	215,307		0		0		0		215,307	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0		0		0	15.00
16.00	OTHER GENERAL SERVICE	1,865		0		0		0		1,865	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		0				0	17.00
LEVEL OF CARE											
50.00	HOSPICE CONTINUOUS HOME CARE	0						0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	281,365						82,335		363,700	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	7,011		0		0		842		7,853	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,097		0		0		6,240		9,337	53.00
NONREIMBURSABLE COST CENTERS											
60.00	BEREAVEMENT PROGRAM	0		0		0		677		677	60.00
61.00	VOLUNTEER PROGRAM	0		0		0		0		0	61.00
62.00	FUNDRAISING	0		0		0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0		0		0	65.00
66.00	RESIDENTIAL CARE	0		0		0		0		0	66.00
67.00	ADVERTISING	0		0		0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0		0		0	68.00
69.00	THRIFT STORE	0		0		0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	268,912								268,912	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0		0		0		0	71.00
99.00	NEGATIVE COST CENTER	0		0		0		0		0	99.00
100.00	TOTAL	1,191,477		9,910		0		98,729		1,191,477	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 14-1548

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/23/2020 10:00 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice II HOUSEKEEPING	DIETARY	
		4.00		5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	269,066						4.00
5.00	PLANT OPERATION & MAINTENANCE	6,218	21,319					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	0	0			0		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	12,243	21,319			0		10.00
11.00	MEDICAL RECORDS	3,196	0			0		11.00
12.00	STAFF TRANSPORTATION	0	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	890	0			0		13.00
14.00	PHARMACY	88,649	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	768	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	149,746						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	3,233	0		0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,844	0		0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	279	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	269,066	21,319		0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 14-1548

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/23/2020 10:00 pm

Descriptions		Hospice II				
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION
		9.00	10.00	11.00	12.00	13.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	63,297			10.00
11.00	MEDICAL RECORDS	0		10,959		11.00
12.00	STAFF TRANSPORTATION	0			0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	3,051 13.00
14.00	PHARMACY	0			0	0 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0 15.00
16.00	OTHER GENERAL SERVICE	0			0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	0	61,962	10,728	0	2,809 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	374	65	0	29 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	961	166	0	213 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0 60.00
61.00	VOLUNTEER PROGRAM	0			0	0 61.00
62.00	FUNDRAISING	0			0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0 63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0 64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0 65.00
66.00	RESIDENTIAL CARE	0			0	0 66.00
67.00	ADVERTISING	0			0	0 67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0 68.00
69.00	THRIFT STORE	0			0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0 71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0 99.00
100.00	TOTAL	0	63,297	10,959	0	3,051 100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 14-1548

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/23/2020 10:00 pm

Descriptions		Hospice II				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	303,956					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		2,633			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	297,548	0	2,577		889,070	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,794	0	16	0	13,364	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	4,614	0	40	0	19,175	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		956	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					268,912	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	303,956	0	2,633	0	1,191,477	100.00

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

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 18-1507

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/23/2020 10:00 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	9,308					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		9,308				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	4,977,170			3.00
4.00	ADMINISTRATIVE & GENERAL	9,308	9,308	1,167,378	-4,117,830	7,664,876	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	435,110	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	101,332	7.00
8.00	DIETARY	0	0	0	0	4,711	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	4,583	10.00
11.00	MEDICAL RECORDS	0	0	0	0	48,970	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	155,162	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	48,380	0	75,389	13.00
14.00	PHARMACY	0	0	0	0	412,617	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	11,764	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			3,257,398	0	4,964,636	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	22,078	0	155,365	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	349,247	0	1,090,835	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	18,043	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	132,689	0	184,288	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	2,071	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				-779,619		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	84,195	258,559	1,830,581		4,117,830	100.00
101.00	UNIT COST MULTIPLIER	9.045445	27.778148	0.367796		0.537234	101.00

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

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 18-1507

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/23/2020 10:00 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	9,308					5.00
6.00	LAUNDRY & LINEN SERVICE	0	2,521				6.00
7.00	HOUSEKEEPING	0		9,308			7.00
8.00	DIETARY	0		0	2,519		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	9,308		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	374	0	372	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	2,147	9,308	2,147	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	668,866	0	155,771	7,242	0	100.00
101.00	UNIT COST MULTIPLIER	71.859261	0.000000	16.735174	2.874950	0.000000	101.00

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

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 18-1507

From 01/01/2019
To 12/31/2019

Part II
Date/Time Prepared:
8/23/2020 10:00 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	61,668					10.00
11.00	MEDICAL RECORDS		61,668				11.00
12.00	STAFF TRANSPORTATION			515,025			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	2,080		13.00
14.00	PHARMACY			0	0	61,582	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	59,061	59,061	515,025	1,867	59,061	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	374	374	0	13	374	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	2,233	2,233	0	200	2,147	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	675,911	75,278	238,520	115,891	634,289	100.00
101.00	UNIT COST MULTIPLIER	10.960482	1.220698	0.463123	55.716827	10.299909	101.00

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

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 18-1507

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/23/2020 10:00 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	61,582				15.00
16.00	OTHER GENERAL SERVICE		61,582			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			2,521		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	59,061	59,061			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	374	374	374		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	2,147	2,147	2,147		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	18,084	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.293657	0.000000		101.00

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

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 14-1548

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/23/2020 10:00 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice II RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	100					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		100				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	421,178			3.00
4.00	ADMINISTRATIVE & GENERAL	100	100	27,624	-269,066	653,499	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	15,101	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	29,735	10.00
11.00	MEDICAL RECORDS	0	0	0	0	7,763	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	9,215	0	2,161	13.00
14.00	PHARMACY	0	0	0	0	215,307	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	1,865	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			351,241	0	363,700	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	3,593	0	7,853	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	26,618	0	9,337	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	2,887	0	677	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				-268,912		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	9,910	0	98,729		269,066	100.00
101.00	UNIT COST MULTIPLIER	99.100000	0.000000	0.234412		0.411731	101.00

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

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 14-1548

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/23/2020 10:00 pm

Cost Center Descriptions		Hospice II					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	100					5.00
6.00	LAUNDRY & LINEN SERVICE	0	225				6.00
7.00	HOUSEKEEPING	0		100			7.00
8.00	DIETARY	0		0	225		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	100		100		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	63	0	63	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	162	0	162	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	21,319	0	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	213.190000	0.000000	0.000000	0.000000	0.000000	101.00

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

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 14-1548

From 01/01/2019
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8/23/2020 10:00 pm

Cost Center Descriptions		Hospice II				
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)
		10.00	11.00	12.00	13.00	14.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES	10,672				10.00
11.00	MEDICAL RECORDS		10,672			11.00
12.00	STAFF TRANSPORTATION			93,082		12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	416	13.00
14.00	PHARMACY			0	0	10,672 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0 15.00
16.00	OTHER GENERAL SERVICE			0	0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					0 17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	10,447	10,447	93,082	383	10,447 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	63	63	0	4	63 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	162	162	0	29	162 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0 60.00
61.00	VOLUNTEER PROGRAM			0	0	0 61.00
62.00	FUNDRAISING			0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0 65.00
66.00	RESIDENTIAL CARE			0	0	0 66.00
67.00	ADVERTISING			0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0 68.00
69.00	THRIFT STORE			0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0 71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	63,297	10,959	0	3,051	303,956 100.00
101.00	UNIT COST MULTIPLIER	5.931128	1.026893	0.000000	7.334135	28.481634 101.00

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

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 14-1548

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
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Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice II	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	10,672				15.00
16.00	OTHER GENERAL SERVICE		10,672			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			225		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	10,447	10,447			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	63	63	63		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	162	162	162		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	2,633	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.246720	0.000000		101.00

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

Provider CCN: 18-0102

Period:

Worksheet 0-7

Hospice CCN: 18-1507

From 01/01/2019
To 12/31/2019

Date/Time Prepared:
8/23/2020 10:00 pm

Hospice I

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.278323	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.228663	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.145323	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.189936	0	0	0	4.00
4.01	RETAIL PHARMACY	73.01	0.000000	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.130124	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.447364	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	DIABETES	76.00	0.000000	0	0	0	10.00
10.01	LITHOTRIPTOR	76.01	0.000000	0	0	0	10.01
10.02	WOUNDCARE	76.02	0.102913	0	0	0	10.02
10.03	PICC LINE TEAM	76.03	0.043511	0	0	0	10.03
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
4.01	RETAIL PHARMACY	0	0	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	DIABETES	0	0	0	0	0	10.00
10.01	LITHOTRIPTOR	0	0	0	0	0	10.01
10.02	WOUNDCARE	0	0	0	0	0	10.02
10.03	PICC LINE TEAM	0	0	0	0	0	10.03
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

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

Provider CCN: 18-0102

Period:

Worksheet 0-7

Hospice CCN: 14-1548

From 01/01/2019
To 12/31/2019

Date/Time Prepared:
8/23/2020 10:00 pm

Hospice II

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.278323	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.228663	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.145323	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.189936	0	0	0	4.00
4.01	RETAIL PHARMACY	73.01	0.000000	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.130124	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.447364	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	DIABETES	76.00	0.000000	0	0	0	10.00
10.01	LITHOTRIPTOR	76.01	0.000000	0	0	0	10.01
10.02	WOUNDCARE	76.02	0.102913	0	0	0	10.02
10.03	PICC LINE TEAM	76.03	0.043511	0	0	0	10.03
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
4.01	RETAIL PHARMACY	0	0	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	DIABETES	0	0	0	0	0	10.00
10.01	LITHOTRIPTOR	0	0	0	0	0	10.01
10.02	WOUNDCARE	0	0	0	0	0	10.02
10.03	PICC LINE TEAM	0	0	0	0	0	10.03
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 18-0102

Period:

Worksheet 0-8

Hospice CCN: 18-1507

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/23/2020 10:00 pm

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			9,319,448	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			59,061	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			157.79	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	53,324	3,074		9.00
10.00	Program cost (line 8 times line 9)	8,413,994	485,046		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			249,143	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			374	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			666.16	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	286	5		14.00
15.00	Program cost (line 13 times line 14)	190,522	3,331		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			1,899,901	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			2,233	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			850.83	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	1,687	195		19.00
20.00	Program cost (line 18 times line 19)	1,435,350	165,912		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			11,468,492	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			61,668	22.00
23.00	Average cost per diem (line 21 divided by line 22)			185.97	23.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 18-0102

Period:

Worksheet 0-8

Hospice CCN: 14-1548

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/23/2020 10:00 pm

		Hospice II			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			889,070	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			10,447	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			85.10	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	10,170	0		9.00
10.00	Program cost (line 8 times line 9)	865,467	0		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			13,364	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			63	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			212.13	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	63	0		14.00
15.00	Program cost (line 13 times line 14)	13,364	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			19,175	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			162	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			118.36	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	162	0		19.00
20.00	Program cost (line 18 times line 19)	19,174	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			921,609	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			10,672	22.00
23.00	Average cost per diem (line 21 divided by line 22)			86.36	23.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 18-0102

Period:
From 01/01/2019
To 12/31/2019Worksheet L
Parts I-III
Date/Time Prepared:
8/23/2020 10:00 pm

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	3,097,150	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	37,033	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)	107.39	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (see instructions)	0	11.00
12.00	Total prospective capital payments (see instructions)	3,134,183	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