

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: 52-0028	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 8/28/2020 11:57 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 8/28/2020	Time: 11:57 am
	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 MONROE CLINIC (52-0028) 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) JOHN MEICHER

Officer or Administrator of Provider(s)

FINANCE VP

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	312,100	433,502	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	-913		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	312,100	432,589	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 52-0028		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/28/2020 11:57 am	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 515 22ND AVENUE			PO Box:				1.00		
2.00	City: MONROE			State: WI		Zip Code: 53566		County: GREEN		
		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		MONROE CLINIC	520028	31540	1	07/01/1966	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA		MONROE CLINIC HOMECARE	527157	31540		05/21/1985	N	P	N
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice		MONROE CLINIC HOSPICE	521523	31540		09/01/1988			
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
17.10	Hospital-Based (CORF) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2019	12/31/2019		20.00
21.00	Type of Control (see instructions)						1			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00
				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.			110	150	503	98	409	69	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
8/28/2020 11:57 am

		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	
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	0	0	0	0		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.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					Y	Y	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.					Y	Y	
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		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			Y	N			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)					23.00	1	60.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
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	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00		2.00	3.00	4.00	
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
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

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To 12/31/2019Worksheet S-2
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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)	FAMILY	3600	0.00	8.17	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.				N		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)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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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	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	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: 52-0028	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 8/28/2020 11:57 am
		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		0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	306,674	0	0 118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	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		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 52-0028	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 8/28/2020 11:57 am
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1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: SSM HEALTH	Contractor's Name: WPS		Contractor's Number: 05301		141.00	
142.00	Street: 10101 WOODFIELD LANE	PO Box:				142.00	
143.00	City: ST. LOUIS	State: MO		Zip Code: 63132		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.					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.						146.00
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
						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	
		0	1.00	2.00	3.00	4.00	
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	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 52-0028		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part II Date/Time Prepared: 8/28/2020 11:57 am	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			Y			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	07/29/2020	Y	07/29/2020
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
8/28/2020 11:57 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N		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.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		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.		N		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		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		Y		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		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.		N		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.		Y		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.		Y		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				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.	JOE	SVETLIK		41.00
42.00	Enter the employer/company name of the cost report preparer.	RURAL WISCONSIN HEALTH COOPERATIVE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	608-643-2343	JSVETLIK@RWHC.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 52-0028	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 8/28/2020 11:57 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	FINANCIAL CONSULTANT		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: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/28/2020 11:57 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	52	18,980	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)		52	18,980	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		58	21,170	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		58				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/28/2020 11:57 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,442	76	7,115			1.00
2.00	HMO and other (see instructions)	1,086	846				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	3,442	76	7,115			7.00
8.00	INTENSIVE CARE UNIT	564	10	978			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		338	769			13.00
14.00	Total (see instructions)	4,006	424	8,862	8.20	969.74	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	7,080	0	9,539	0.00	18.58	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	10,654	0	10,654	0.00	21.45	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				8.20	1,009.77	27.00
28.00	Observation Bed Days		0	1,200			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	69	170			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: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/28/2020 11:57 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,113	182	1,797	1.00
2.00 HMO and other (see instructions)			301	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,113	182	1,797	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
8/28/2020 11:57 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	90,601,831	0	90,601,831	2,100,312.39	43.14
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		26,116,723	0	26,116,723	131,991.10	197.87
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	906,141	0	906,141	24,308.00	37.28
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		3,753,196	0	3,753,196	102,364.30	36.67
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		4,679,399	36,869	4,716,268	166,689.26	28.29
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,112,454	0	1,112,454	15,594.51	71.34
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		14,659,387	0	14,659,387		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		864,503	0	864,503		
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		2,886,883	0	2,886,883		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		1,345,301	0	1,345,301		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
8/28/2020 11:57 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
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	929,078	0	929,078	31,993.26	29.04	26.00
27.00	Administrative & General	5.00	14,460,966	0	14,460,966	286,635.97	50.45	27.00
28.00	Administrative & General under contract (see inst.)		143,775	0	143,775	950.63	151.24	28.00
29.00	Maintenance & Repairs	6.00	1,142,755	0	1,142,755	40,322.25	28.34	29.00
30.00	Operation of Plant	7.00	235,787	0	235,787	5,672.75	41.56	30.00
31.00	Laundry & Linen Service	8.00	167,267	0	167,267	9,804.00	17.06	31.00
32.00	Housekeeping	9.00	784,919	0	784,919	47,284.75	16.60	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	895,847	0	895,847	52,614.94	17.03	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	203,082	0	203,082	3,477.25	58.40	38.00
39.00	Central Services and Supply	14.00	484,825	0	484,825	28,046.00	17.29	39.00
40.00	Pharmacy	15.00	1,387,694	0	1,387,694	37,660.50	36.85	40.00
41.00	Medical Records & Medical Records Library	16.00	421,677	0	421,677	22,948.97	18.37	41.00
42.00	Social Service	17.00	172,759	0	172,759	4,660.50	37.07	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part III
Date/Time Prepared:
8/28/2020 11:57 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	59,969,546	0	59,969,546	1,842,599.62	32.55	1.00
2.00	Excluded area salaries (see instructions)	4,679,399	36,869	4,716,268	166,689.26	28.29	2.00
3.00	Subtotal salaries (line 1 minus line 2)	55,290,147	-36,869	55,253,278	1,675,910.36	32.97	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,112,454	0	1,112,454	15,594.51	71.34	4.00
5.00	Subtotal wage-related costs (see inst.)	16,004,688	0	16,004,688	0.00	28.97	5.00
6.00	Total (sum of lines 3 thru 5)	72,407,289	-36,869	72,370,420	1,691,504.87	42.78	6.00
7.00	Total overhead cost (see instructions)	21,430,431	0	21,430,431	572,071.77	37.46	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part IV
Date/Time Prepared:
8/28/2020 11:57 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	3,612,486	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	8,278,761	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	234,928	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	695,443	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)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	348,004	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	5,223,686	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	23,453	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	18,416,761	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: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part V
Date/Time Prepared:
8/28/2020 11:57 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,112,454	0	1.00
2.00	Hospital	1,112,454	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 52-0028 Component CCN: 52-7157		Period: From 01/01/2019 To 12/31/2019		Worksheet S-4 Date/Time Prepared: 8/28/2020 11:57 am	
						Home Health Agency I		PPS	
						1.00			
0.00	County					GREEN		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	1,898	120	415	2,433	1.00		
2.00	Unduplicated Census Count (see instructions)	0.00	329.00	33.00	306.00	668.00	2.00		
				Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week		Staff	Contract	Total			
				0	1.00	2.00	3.00		
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES									
3.00	Administrator and Assistant Administrator(s)	40.00		1.83	0.00	1.83	3.00		
4.00	Director(s) and Assistant Director(s)			0.99	0.00	0.99	4.00		
5.00	Other Administrative Personnel			2.38	0.00	2.38	5.00		
6.00	Direct Nursing Service			8.87	0.36	9.23	6.00		
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00		
8.00	Physical Therapy Service			2.31	0.00	2.31	8.00		
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00		
10.00	Occupational Therapy Service			1.02	0.00	1.02	10.00		
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00		
12.00	Speech Pathology Service			0.00	0.18	0.18	12.00		
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00		
14.00	Medical Social Service			0.00	0.00	0.00	14.00		
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00		
16.00	Home Health Aide			1.17	0.00	1.17	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.			7			19.00		
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	27500					20.00		
20.01		31540					20.01		
20.02		40420					20.02		
20.03		50184					20.03		
20.04		99915					20.04		
20.05		99914					20.05		
20.06		99952					20.06		
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)			
		Without Outliers	With Outliers						
		1.00	2.00	3.00	4.00	5.00			
PPS ACTIVITY DATA									
21.00	Skilled Nursing Visits	2,646	510	133	24	3,313	21.00		
22.00	Skilled Nursing Visit Charges	532,972	102,535	26,670	4,855	667,032	22.00		
23.00	Physical Therapy Visits	878	64	37	12	991	23.00		
24.00	Physical Therapy Visit Charges	177,623	12,928	7,474	2,424	200,449	24.00		
25.00	Occupational Therapy Visits	489	53	7	1	550	25.00		
26.00	Occupational Therapy Visit Charges	113,455	12,296	1,624	232	127,607	26.00		
27.00	Speech Pathology Visits	49	0	3	0	52	27.00		
28.00	Speech Pathology Visit Charges	11,907	0	729	0	12,636	28.00		
29.00	Medical Social Service Visits	56	15	1	0	72	29.00		
30.00	Medical Social Service Visit Charges	12,600	3,375	225	0	16,200	30.00		
31.00	Home Health Aide Visits	273	64	1	4	342	31.00		
32.00	Home Health Aide Visit Charges	25,116	5,888	92	368	31,464	32.00		
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	4,391	706	182	41	5,320	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)	873,673	137,022	36,814	7,879	1,055,388	35.00		
36.00	Total Number of Episodes (standard/non outlier)	362		64	5	431	36.00		
37.00	Total Number of Outlier Episodes		27		0	27	37.00		
38.00	Total Non-Routine Medical Supply Charges	62,418	25,417	2,005	238	90,078	38.00		

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 52-0028

Period:

Worksheet S-9

Hospice CCN: 52-1523

From 01/01/2019
To 12/31/2019PARTS I THROUGH IV
Date/Time Prepared:
8/28/2020 11:57 am

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	10,654	0	0	10,654	11.00
12.00	Hospice Inpatient Respite Care	0	0	0	0	12.00
13.00	Hospice General Inpatient Care	0	0	0	0	13.00
14.00	Total Hospice Days	10,654	0	0	10,654	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 52-0028	Period: From 01/01/2019 To 12/31/2019	Worksheet S-10 Date/Time Prepared: 8/28/2020 11:57 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.257185		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		701,993		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		5,934,005		6.00
7.00	Medicaid cost (line 1 times line 6)		1,526,137		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)		824,144		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)		824,144		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)	4,220,014	866,585	5,086,599	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,085,324	866,585	1,951,909	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,085,324	866,585	1,951,909	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		9,136,760		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		431,663		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		664,097		27.01
28.00	Non-Medicare bad debt expense (see instructions)		8,472,663		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,411,476		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,363,385		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,187,529		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0028

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

Worksheet A

Date/Time Prepared:
8/28/2020 11:57 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		3,644,442	3,644,442	1,716,496	5,360,938	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	929,078	1,817,125	2,746,203	20,731,621	23,477,824	4.00
5.01	00550	DATA PROCESSING	4,326,605	6,577,447	10,904,052	-1,539,897	9,364,155	5.01
5.02	00540	NONPATIENT TELEPHONES	176,107	68,733	244,840	204,145	448,985	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	181,545	38,734	220,279	-36,180	184,099	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	560,698	322,465	883,163	-182,648	700,515	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	9,216,011	13,252,151	22,468,162	-4,061,908	18,406,254	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,142,755	4,017,374	5,160,129	-1,715,449	3,444,680	6.00
7.00	00700	OPERATION OF PLANT	235,787	101,139	336,926	1,079,276	1,416,202	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	167,267	178,652	345,919	-68,331	277,588	8.00
9.00	00900	HOUSEKEEPING	784,919	798,872	1,583,791	-441,072	1,142,719	9.00
10.00	01000	DIETARY	895,847	836,635	1,732,482	-270,352	1,462,130	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	203,082	91,498	294,580	-36,316	258,264	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	484,825	975,955	1,460,780	-168,794	1,291,986	14.00
15.00	01500	PHARMACY	1,387,694	2,216,283	3,603,977	-1,836,228	1,767,749	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	421,677	195,899	617,576	-168,970	448,606	16.00
17.00	01700	SOCIAL SERVICE	172,759	41,978	214,737	-41,749	172,988	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	906,141	474,876	1,381,017	-208,989	1,172,028	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	238,317	63,582	301,899	7,672	309,571	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,637,306	3,153,594	9,790,900	-2,961,205	6,829,695	30.00
31.00	03100	INTENSIVE CARE UNIT	942,437	495,058	1,437,495	-250,993	1,186,502	31.00
43.00	04300	NURSERY	0	0	0	466,161	466,161	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,523,478	5,752,277	7,275,755	-1,592,075	5,683,680	50.00
51.00	05100	RECOVERY ROOM	270,369	103,903	374,272	-87,309	286,963	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,106,287	1,106,287	52.00
53.00	05300	ANESTHESIOLOGY	2,742,813	691,449	3,434,262	-324,523	3,109,739	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,486,353	1,579,791	3,066,144	-360,802	2,705,342	54.00
57.00	05700	CT SCAN	381,473	471,843	853,316	-65,587	787,729	57.00
58.00	05800	MRI	257,753	382,830	640,583	-60,135	580,448	58.00
59.00	05900	CARDIAC CATHETERIZATION	530,572	930,808	1,461,380	-132,497	1,328,883	59.00
60.00	06000	LABORATORY	2,077,552	4,723,315	6,800,867	-544,029	6,256,838	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	610,601	363,212	973,813	-192,160	781,653	65.00
66.00	06600	PHYSICAL THERAPY	1,201,023	385,435	1,586,458	-299,969	1,286,489	66.00
67.00	06700	OCCUPATIONAL THERAPY	301,169	79,597	380,766	-65,623	315,143	67.00
68.00	06800	SPEECH PATHOLOGY	0	181,123	181,123	0	181,123	68.00
69.00	06900	ELECTROCARDIOLOGY	312,326	234,748	547,074	-128,926	418,148	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	697,381	697,381	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,026,420	1,026,420	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,182,037	12,182,037	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,503,118	728,052	2,231,170	-423,481	1,807,689	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	38,598,228	22,884,193	61,482,421	-17,201,019	44,281,402	90.00
91.00	09100	EMERGENCY	4,095,417	1,924,304	6,019,721	-780,875	5,238,846	91.00
91.01	09101	CARDIAC REHAB	257,647	93,132	350,779	-77,233	273,546	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,364,557	597,461	1,962,018	-358,925	1,603,093	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	1,376,349	949,425	2,325,774	-403,770	1,922,004	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	88,901,655	82,419,390	171,321,045	2,129,477	173,450,522	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	132,237	342,683	474,920	-47,703	427,217	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0028

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

Worksheet A

Date/Time Prepared:
8/28/2020 11:57 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.01	07951	5 WEST	0	0	0	-1,716,496	-1,716,496	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	1,567,939	7,873,917	9,441,856	-365,278	9,076,578	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	90,601,831	90,635,990	181,237,821	0	181,237,821	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0028

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

Worksheet A

Date/Time Prepared:
8/28/2020 11:57 am

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	85,935	5,446,873	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	507,176	507,176	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-4,763,340	18,714,484	4.00
5.01	00550	DATA PROCESSING	-1,058,408	8,305,747	5.01
5.02	00540	NONPATIENT TELEPHONES	0	448,985	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	184,099	5.03
5.04	00570	ADMITTING	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	700,515	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	6,111,411	24,517,665	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	3,444,680	6.00
7.00	00700	OPERATION OF PLANT	-1,120	1,415,082	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-2,015	275,573	8.00
9.00	00900	HOUSEKEEPING	0	1,142,719	9.00
10.00	01000	DIETARY	-571,852	890,278	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-550	257,714	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-17,590	1,274,396	14.00
15.00	01500	PHARMACY	-1,000	1,766,749	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-63	448,543	16.00
17.00	01700	SOCIAL SERVICE	0	172,988	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,172,028	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	0	309,571	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,027,910	3,801,785	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,186,502	31.00
43.00	04300	NURSERY	0	466,161	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	5,683,680	50.00
51.00	05100	RECOVERY ROOM	0	286,963	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,106,287	52.00
53.00	05300	ANESTHESIOLOGY	-2,786,439	323,300	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,705,342	54.00
57.00	05700	CT SCAN	0	787,729	57.00
58.00	05800	MRI	0	580,448	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,328,883	59.00
60.00	06000	LABORATORY	-96,187	6,160,651	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	781,653	65.00
66.00	06600	PHYSICAL THERAPY	-7,693	1,278,796	66.00
67.00	06700	OCCUPATIONAL THERAPY	-9,871	305,272	67.00
68.00	06800	SPEECH PATHOLOGY	0	181,123	68.00
69.00	06900	ELECTROCARDIOLOGY	-25,379	392,769	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	697,381	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,026,420	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,182,037	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,807,689	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-25,071,327	19,210,075	90.00
91.00	09100	EMERGENCY	-2,659,526	2,579,320	91.00
91.01	09101	CARDIAC REHAB	0	273,546	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	1,603,093	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	1,922,004	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-33,395,748	140,054,774	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	427,217	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	194.00
194.01	07951	5 WEST	0	-1,716,496	194.01
194.02	07952	LIFELINE	0	0	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0028

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

Worksheet A

Date/Time Prepared:
8/28/2020 11:57 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.03	07953	PHARMACY NURSING HOME	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	9,076,578	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-33,395,748	147,842,073	200.00

RECLASSIFICATIONS

Provider CCN: 52-0028

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

Worksheet A-6

Date/Time Prepared:
8/28/2020 11:57 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - TO RECLASSIFY PHONE COSTS					
1.00	NONPATIENT TELEPHONES	5.02	0	428,937		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
	0		0	428,937		
	B - TO RECLASS IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,026,420		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	1,026,420		
	C - TO RECLASS M/S COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	697,381		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
	0		0	697,381		
	G - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	19,587,919		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
	TOTALS		0	19,587,919		
	H - PHARMACY RESIDENT PRECEPTOR					
1.00	PARAMED ED PRGM- PHARMACY	23.00	36,869	5,807		1.00
	0		36,869	5,807		
	J - TO RECLASS CLINIC DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,716,496		1.00
	0		0	1,716,496		
	K - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,182,037		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

RECLASSIFICATIONS

Provider CCN: 52-0028

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

Worksheet A-6

Date/Time Prepared:
8/28/2020 11:57 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00		0		7.00
8.00		0.00		0		8.00
	TOTALS		0	12,182,037		
	L - CLINIC HOUSEKEEPING					
1.00	CLINIC	90.00	0	224,294		1.00
	TOTALS		0	224,294		
	M - TO RECLASS PROP TAXES					
1.00	CLINIC	90.00	0	483,889		1.00
	0		0	483,889		
	N - NURSERY					
1.00	NURSERY	43.00	316,013	150,148		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	749,958	356,329		2.00
	TOTALS		1,065,971	506,477		
	O - TO RECLASS UTILITIES TO PLANT					
1.00	OPERATION OF PLANT	7.00	0	1,513,593		1.00
	0		0	1,513,593		
	P - TO RECLASS GAIN SHARE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,143,702		1.00
	0		0	1,143,702		
	Q - TO RECLASS PROPERTY INSURANCE					
1.00	CLINIC	90.00	0	132,765		1.00
	0		0	132,765		
	T - CLINIC PHONE					
1.00	CLINIC	90.00	0	158,304		1.00
	TOTALS		0	158,304		
	U - RECLASS U CLINIC UTILITIES					
1.00	CLINIC	90.00	0	360,235		1.00
	TOTALS		0	360,235		
500.00	Grand Total: Increases		1,102,840	40,168,256		500.00

RECLASSIFICATIONS

Provider CCN: 52-0028

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

Worksheet A-6

Date/Time Prepared:
8/28/2020 11:57 am

	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00		
	A - TO RECLASSIFY PHONE COSTS					
1.00	DATA PROCESSING	5.01	0	384,233	0	1.00
2.00	CLINIC	90.00	0	16,503	0	2.00
3.00	HOME HEALTH AGENCY	101.00	0	8,960	0	3.00
4.00	HOSPICE	116.00	0	9,148	0	4.00
5.00	FREESTANDING CLINIC	194.04	0	10,093	0	5.00
	0		0	428,937		
	B - TO RECLASS IMPLANTABLE DEVICES					
1.00	OPERATING ROOM	50.00	0	1,025,194	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	928	0	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	298	0	3.00
	0		0	1,026,420		
	C - TO RECLASS M/S COSTS					
1.00	PHARMACY	15.00	0	822	0	1.00
2.00	OPERATING ROOM	50.00	0	202,417	0	2.00
3.00	RESPIRATORY THERAPY	65.00	0	15,058	0	3.00
4.00	OCCUPATIONAL THERAPY	67.00	0	1,004	0	4.00
5.00	ELECTROCARDIOLOGY	69.00	0	58,877	0	5.00
6.00	CLINIC	90.00	0	419,203	0	6.00
	0		0	697,381		
	G - EMPLOYEE BENEFITS					
1.00	DATA PROCESSING	5.01	0	1,155,664	0	1.00
2.00	NONPATIENT TELEPHONES	5.02	0	66,488	0	2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	36,180	0	3.00
4.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	182,648	0	4.00
5.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	2,301,552	0	5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	201,856	0	6.00
7.00	OPERATION OF PLANT	7.00	0	74,082	0	7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	68,331	0	8.00
9.00	HOUSEKEEPING	9.00	0	216,778	0	9.00
10.00	DIETARY	10.00	0	270,352	0	10.00
11.00	NURSING ADMINISTRATION	13.00	0	36,316	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	168,794	0	12.00
13.00	PHARMACY	15.00	0	333,327	0	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	168,970	0	14.00
15.00	SOCIAL SERVICE	17.00	0	41,749	0	15.00
16.00	PARAMED ED PRGM- PHARMACY	23.00	0	35,004	0	16.00
17.00	ADULTS & PEDIATRICS	30.00	0	1,388,734	0	17.00
18.00	INTENSIVE CARE UNIT	31.00	0	250,934	0	18.00
19.00	OPERATING ROOM	50.00	0	363,707	0	19.00
20.00	RECOVERY ROOM	51.00	0	87,309	0	20.00
21.00	ANESTHESIOLOGY	53.00	0	324,523	0	21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	359,419	0	22.00
23.00	CT SCAN	57.00	0	65,177	0	23.00
24.00	MRI	58.00	0	60,135	0	24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	132,199	0	25.00
26.00	LABORATORY	60.00	0	544,029	0	26.00
27.00	RESPIRATORY THERAPY	65.00	0	177,102	0	27.00
28.00	PHYSICAL THERAPY	66.00	0	299,969	0	28.00
29.00	OCCUPATIONAL THERAPY	67.00	0	64,619	0	29.00
30.00	ELECTROCARDIOLOGY	69.00	0	70,049	0	30.00
31.00	ASC (NON-DISTINCT PART)	75.00	0	423,481	0	31.00
32.00	CLINIC	90.00	0	7,405,358	0	32.00
33.00	EMERGENCY	91.00	0	779,387	0	33.00
34.00	CARDIAC REHAB	91.01	0	77,233	0	34.00
35.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	208,989	0	35.00
36.00	HOME HEALTH AGENCY	101.00	0	349,965	0	36.00
37.00	HOSPICE	116.00	0	394,622	0	37.00
38.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	47,703	0	38.00
39.00	FREESTANDING CLINIC	194.04	0	355,185	0	39.00
	TOTALS		0	19,587,919		
	H - PHARMACY RESIDENT PRECEPTOR					
1.00	CLINIC	90.00	36,869	5,807	0	1.00
	0		36,869	5,807		
	J - TO RECLASS CLINIC DEPRECIATION					
1.00	5 WEST	194.01	0	1,716,496	9	1.00
	0		0	1,716,496		

RECLASSIFICATIONS

Provider CCN: 52-0028

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

Worksheet A-6

Date/Time Prepared:
8/28/2020 11:57 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	K - DRUGS						
1.00	PHARMACY	15.00	0	1,502,079	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	23	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	59	0		3.00
4.00	OPERATING ROOM	50.00	0	757	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	455	0		5.00
6.00	CT SCAN	57.00	0	410	0		6.00
7.00	CLINIC	90.00	0	10,676,766	0		7.00
8.00	EMERGENCY	91.00	0	1,488	0		8.00
	TOTALS		0	12,182,037			
	L - CLINIC HOUSEKEEPING						
1.00	HOUSEKEEPING	9.00	0	224,294	0		1.00
	TOTALS		0	224,294			
	M - TO RECLASS PROP TAXES						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	483,889	0		1.00
	0		0	483,889			
	N - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,065,971	506,477	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,065,971	506,477			
	O - TO RECLASS UTILITIES TO PLANT						
1.00	MAINTENANCE & REPAIRS	6.00	0	1,513,593	0		1.00
	0		0	1,513,593			
	P - TO RECLASS GAIN SHARE						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	1,143,702	0		1.00
	0		0	1,143,702			
	Q - TO RECLASS PROPERTY INSURANCE						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	132,765	0		1.00
	0		0	132,765			
	T - CLINIC PHONE						
1.00	NONPATIENT TELEPHONES	5.02	0	158,304	0		1.00
	TOTALS		0	158,304			
	U - RECLASS U CLINIC UTILITIES						
1.00	OPERATION OF PLANT	7.00	0	360,235	0		1.00
	TOTALS		0	360,235			
500.00	Grand Total: Decreases		1,102,840	40,168,256			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
8/28/2020 11:57 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	3,050,000	0	0	0	0	1.00	
2.00	Land Improvements	2,817,064	107,189	0	107,189	0	2.00	
3.00	Buildings and Fixtures	118,749,264	4,008,182	0	4,008,182	4,290	3.00	
4.00	Building Improvements	288,408	0	0	0	0	4.00	
5.00	Fixed Equipment	559,727	43,724	0	43,724	0	5.00	
6.00	Movable Equipment	22,092,173	1,996,744	0	1,996,744	3,157,471	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	147,556,636	6,155,839	0	6,155,839	3,161,761	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	147,556,636	6,155,839	0	6,155,839	3,161,761	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	3,050,000	0					1.00
2.00	Land Improvements	2,924,253	0					
3.00	Buildings and Fixtures	122,753,156	0					
4.00	Building Improvements	288,408	0					4.00
5.00	Fixed Equipment	603,451	0					
6.00	Movable Equipment	20,931,446	0					
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	150,550,714	0					
9.00	Reconciling Items	0	0					
10.00	Total (line 8 minus line 9)	150,550,714	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
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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	3,644,442	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)	3,644,442	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		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	3,644,442				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	3,644,442				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
8/28/2020 11:57 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	125,965,816	0	125,965,816	0.854001	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	21,534,897	0	21,534,897	0.145999	0	2.00
3.00	Total (sum of lines 1-2)	147,500,713	0	147,500,713	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	5,446,873	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	507,176	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,954,049	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	5,446,873	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	507,176	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	5,954,049	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-0028

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

Worksheet A-8

Date/Time Prepared:
8/28/2020 11:57 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-17,590	CENTRAL SERVICES & SUPPLY	14.00	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)	B		0OTHER ADMINISTRATIVE & GENERAL	5.06	0	7.00
8.00	Television and radio service (chapter 21)			0	0.00	0	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-32,139,698			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	10,547,614			0	12.00
13.00	Laundry and linen service	B	-2,015	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00	Cafeteria-employees and guests	B	-571,852	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0	0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-1,000	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-63	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines	B	-1,120	OPERATION OF PLANT	7.00	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		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL 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			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP 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		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	HOSPITALIST MID LEVEL SALARIES	A	-276,291	ADULTS & PEDIATRICS	30.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-0028

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

Worksheet A-8

Date/Time Prepared:
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			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
34.00 HOSPITALIST MID LEVEL FRINGES	A	-39,100	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.00
35.00 OUTREACH REVENUE	B	-550	NURSING ADMINISTRATION	13.00	0	35.00
35.01 ADVERTISING EXPENSE	A	-408,303	OTHER ADMINISTRATIVE & GENERAL	5.06	0	35.01
36.00 MISC REVENUE	B	-49,690	OTHER ADMINISTRATIVE & GENERAL	5.06	0	36.00
37.00 MID LEVEL SALARIES	A	-4,169,362	CLINIC	90.00	0	37.00
38.00 MID LEVEL FRINGE BENEFITS	A	-590,032	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.00
39.00 E/R MID LEVEL	A	-335,045	EMERGENCY	91.00	0	39.00
40.00 E/R MID LEVEL FRINGES	A	-68,105	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.00
41.00 RURAL RESIDENCY GRANT	B	0	I&R SERVICES-NOT APPRVD PRGM	100.00	0	41.00
42.00 PT OUTREACH	A	-7,693	PHYSICAL THERAPY	66.00	0	42.00
43.00 OT OUTREACH	A	-9,871	OCCUPATIONAL THERAPY	67.00	0	43.00
44.00 INTEREST EXPENSE	A	-2,314,495	OTHER ADMINISTRATIVE & GENERAL	5.06	0	44.00
44.01 RENTAL REVENUE	B	-33,013	CAP REL COSTS-BLDG & FIXT	1.00	9	44.01
44.02 AHA	A	-4,024	OTHER ADMINISTRATIVE & GENERAL	5.06	0	44.02
44.03 OHA	A	-790	OTHER ADMINISTRATIVE & GENERAL	5.06	0	44.03
44.04 MID LEVEL SALARIES	A	-580,095	ANESTHESIOLOGY	53.00	0	44.04
44.05 MID LEVEL FRINGE BENEFITS	A	-47,414	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.05
44.06 GIFTS	A	-6,468	ADULTS & PEDIATRICS	30.00	0	44.06
44.07 GIFTS	A	-4,857	CLINIC	90.00	0	44.07
44.08 GIFTS	A	-1,456	CLINIC	90.00	0	44.08
44.09 WINN PARIRIE JV	A	-857,685	CLINIC	90.00	0	44.09
44.10 WINN PARIRIE JV	A	-131,502	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.10
44.11 COMMUNITY CONNECT REVENUE	A	-1,007,372	DATA PROCESSING	5.01	0	44.11
44.12 COMMUNITY CONNECT REVENUE	A	-266,811	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.12
44.13 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.13
44.14 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.14
44.15 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.15
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-33,395,748				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: 52-0028

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

Worksheet A-8-1

Date/Time Prepared:
8/28/2020 11:57 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.06	OTHER ADMINISTRATIVE & GENER	CORPORATE FEES A&G	6,896,826	0	1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	CORPORATE FEES - CAPITAL	110,656	0	2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	CORPORATE FEES - CAPITAL	496,834	0	3.00
4.00	5.06	OTHER ADMINISTRATIVE & GENER	CORPORATE - INTEREST	311,984	0	4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	CORPORATE FEES - EMPLOYEE BE	75,561	0	4.01
4.02	5.06	OTHER ADMINISTRATIVE & GENER	CORPORATE FEES A&G WI	2,637,119	0	4.02
4.03	1.00	CAP REL COSTS-BLDG & FIXT	CORPORATE FEES - CAPITAL WI	8,292	0	4.03
4.04	2.00	CAP REL COSTS-MVBLE EQUIP	CORPORATE FEES - CAPITAL WI	10,342	0	4.04
4.05	0.00			0	0	4.05
4.06	0.00			0	0	4.06
4.07	0.00			0	0	4.07
4.08	0.00			0	0	4.08
4.09	0.00			0	0	4.09
4.10	0.00			0	0	4.10
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			10,547,614	0	5.00

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

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

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

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

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

6.00	B	SSM HEALTH CARE	100.00	0.00	6.00
7.00	B	SSM DATA CENTER	100.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

(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: 52-0028

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

Worksheet A-8-1

Date/Time Prepared:
8/28/2020 11:57 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	6,896,826	0		1.00
2.00	110,656	9		2.00
3.00	496,834	9		3.00
4.00	311,984	0		4.00
4.01	75,561	0		4.01
4.02	2,637,119	0		4.02
4.03	8,292	9		4.03
4.04	10,342	9		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
5.00	10,547,614			5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 52-0028

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

Worksheet A-8-2

Date/Time Prepared:
8/28/2020 11:57 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	3,695,937	3,695,937	0	0	0	1.00
2.00	5.01	DATA PROCESSING	51,036	51,036	0	0	0	2.00
3.00	5.06	OTHER ADMINISTRATIVE & GENERAL	754,395	754,395	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	1,439,190	1,439,190	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	2,106,533	2,106,533	0	0	0	5.00
6.00	60.00	LABORATORY	96,187	96,187	0	0	0	6.00
7.00	90.00	CLINIC	20,007,114	20,007,114	0	0	0	7.00
8.00	91.00	EMERGENCY	1,662,268	1,662,268	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	1,305,961	1,305,961	0	0	0	9.00
10.00	53.00	ANESTHESIOLOGY	99,811	99,811	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	25,379	25,379	0	0	0	11.00
12.00	90.00	CLINIC	30,853	30,853	0	0	0	12.00
13.00	91.00	EMERGENCY	662,213	662,213	0	0	0	13.00
14.00	5.06	OTHER ADMINISTRATIVE & GENERAL	202,821	202,821	0	0	0	14.00
200.00			32,139,698	32,139,698	0		0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.01	DATA PROCESSING	0	0	0	0	0	2.00
3.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	0	0	0	0	0	6.00
7.00	90.00	CLINIC	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	9.00
10.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	11.00
12.00	90.00	CLINIC	0	0	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
14.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	14.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	3,695,937		1.00
2.00	5.01	DATA PROCESSING	0	0	0	51,036		2.00
3.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	754,395		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,439,190		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	2,106,533		5.00
6.00	60.00	LABORATORY	0	0	0	96,187		6.00
7.00	90.00	CLINIC	0	0	0	20,007,114		7.00
8.00	91.00	EMERGENCY	0	0	0	1,662,268		8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,305,961		9.00
10.00	53.00	ANESTHESIOLOGY	0	0	0	99,811		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	25,379		11.00
12.00	90.00	CLINIC	0	0	0	30,853		12.00
13.00	91.00	EMERGENCY	0	0	0	662,213		13.00
14.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	202,821		14.00
200.00			0	0	0	32,139,698		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/28/2020 11:57 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	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	5,446,873	5,446,873			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	507,176		507,176		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	18,714,484	53,983	1,810	18,770,277	4.00
5.01	00550	DATA PROCESSING	8,305,747	45,459	152,607	905,645	9,409,458
5.02	00540	NONPATIENT TELEPHONES	448,985	4,534	237	36,863	23,291
5.03	00560	PURCHASING RECEIVING AND STORES	184,099	6,045	0	38,001	69,872
5.04	00570	ADMITTING	0	0	0	0	0
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	700,515	75,563	717	117,365	419,233
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	24,517,665	192,929	23,595	1,929,095	1,257,700
6.00	00600	MAINTENANCE & REPAIRS	3,444,680	92,414	6,917	239,201	512,396
7.00	00700	OPERATION OF PLANT	1,415,082	2,326,159	1,409	49,355	69,872
8.00	00800	LAUNDRY & LINEN SERVICE	275,573	81,352	3,930	35,012	46,581
9.00	00900	HOUSEKEEPING	1,142,719	47,454	748	164,299	46,581
10.00	01000	DIETARY	890,278	128,790	1,362	187,519	69,872
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	257,714	21,248	0	42,509	23,291
14.00	01400	CENTRAL SERVICES & SUPPLY	1,274,396	72,843	5,329	101,484	116,454
15.00	01500	PHARMACY	1,766,749	29,636	2,846	290,472	0
16.00	01600	MEDICAL RECORDS & LIBRARY	448,543	185,403	357	88,265	279,489
17.00	01700	SOCIAL SERVICE	172,988	11,214	0	36,162	46,581
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,172,028	2,418	0	189,673	46,581
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02301	PARAMED ED PRGM- PHARMACY	309,571	1,632	0	57,602	46,581
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,801,785	596,196	13,012	1,166,192	1,607,062
31.00	03100	INTENSIVE CARE UNIT	1,186,502	83,090	6,079	197,271	302,780
43.00	04300	NURSERY	466,161	0	0	66,148	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,683,680	222,172	64,930	318,894	535,687
51.00	05100	RECOVERY ROOM	286,963	31,238	921	56,594	69,872
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,106,287	0	0	156,981	0
53.00	05300	ANESTHESIOLOGY	323,300	0	18,041	574,126	116,454
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,705,342	24,422	34,559	311,123	23,291
57.00	05700	CT SCAN	787,729	24,422	20,930	79,850	23,291
58.00	05800	MRI	580,448	73,266	18,582	53,953	23,291
59.00	05900	CARDIAC CATHETERIZATION	1,328,883	56,567	14,775	111,059	139,744
60.00	06000	LABORATORY	6,160,651	123,864	24,419	434,873	652,141
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	781,653	13,360	2,559	127,811	69,872
66.00	06600	PHYSICAL THERAPY	1,278,796	164,744	5,122	251,398	186,326
67.00	06700	OCCUPATIONAL THERAPY	305,272	7,738	0	63,041	93,163
68.00	06800	SPEECH PATHOLOGY	181,123	4,080	0	0	23,291
69.00	06900	ELECTROCARDIOLOGY	392,769	0	1,893	65,376	46,581
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	697,381	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,026,420	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	12,182,037	0	0	0	326,070
75.00	07500	ASC (NON-DISTINCT PART)	1,807,689	135,138	10,602	314,633	302,780
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	19,210,075	0	56,374	8,071,641	0
91.00	09100	EMERGENCY	2,579,320	204,747	9,170	857,253	745,304
91.01	09101	CARDIAC REHAB	273,546	63,730	667	53,931	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	1,603,093	138,327	445	285,629	489,105
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
116.00	11600	HOSPICE	1,922,004	2,992	1,628	288,097	209,617
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	140,054,774	5,349,169	506,572	18,414,396	9,060,097
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	427,217	31,238	98	27,680	46,581

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/28/2020 11:57 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	-1,716,496	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	9,076,578	66,466	506	328,201	302,780	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	147,842,073	5,446,873	507,176	18,770,277	9,409,458	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/28/2020 11:57 am

Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES	513,910					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	7,826	305,843				5.03
5.04	00570	ADMITTING	0	0	0			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	46,956	126	0	1,360,475		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	125,218	1,158	0	0	28,047,360	5.06
6.00	00600	MAINTENANCE & REPAIRS	13,043	1,320	0	0	4,309,971	6.00
7.00	00700	OPERATION OF PLANT	7,826	64	0	0	3,869,767	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,217	897	0	0	448,562	8.00
9.00	00900	HOUSEKEEPING	5,217	1,822	0	0	1,408,840	9.00
10.00	01000	DIETARY	7,826	361	0	0	1,286,008	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,609	57	0	0	347,428	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,435	5,385	0	0	1,586,326	14.00
15.00	01500	PHARMACY	0	0	0	0	2,089,703	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,043	13	0	0	1,015,113	16.00
17.00	01700	SOCIAL SERVICE	5,217	0	0	0	272,162	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,217	20	0	0	1,415,937	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	2,609	28	0	0	418,023	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,304	1,523	0	62,392	7,279,466	30.00
31.00	03100	INTENSIVE CARE UNIT	10,435	467	0	7,340	1,793,964	31.00
43.00	04300	NURSERY	0	0	0	2,269	534,578	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,652	56,006	0	92,118	6,989,139	50.00
51.00	05100	RECOVERY ROOM	5,217	109	0	7,322	458,236	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	7,864	1,271,132	52.00
53.00	05300	ANESTHESIOLOGY	0	1,334	0	56,731	1,089,986	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,478	6,664	0	64,296	3,193,175	54.00
57.00	05700	CT SCAN	2,609	1,046	0	78,669	1,018,546	57.00
58.00	05800	MRI	2,609	732	0	39,437	792,318	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,435	5,851	0	17,597	1,684,911	59.00
60.00	06000	LABORATORY	41,739	1,204	0	129,568	7,568,459	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	7,826	964	0	38,928	1,042,973	65.00
66.00	06600	PHYSICAL THERAPY	15,652	328	0	30,064	1,932,430	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,217	43	0	7,757	482,231	67.00
68.00	06800	SPEECH PATHOLOGY	2,609	5	0	3,297	214,405	68.00
69.00	06900	ELECTROCARDIOLOGY	2,609	715	0	25,652	535,595	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	35,240	732,621	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,574	1,041,994	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,435	522	0	96,616	12,615,680	73.00
75.00	07500	ASC (NON-DISTINCT PART)	7,826	2,653	0	7,337	2,588,658	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	141,007	0	458,533	27,937,630	90.00
91.00	09100	EMERGENCY	18,261	1,542	0	62,017	4,477,614	91.00
91.01	09101	CARDIAC REHAB	0	97	0	2,052	394,023	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	10,435	516	0	4,736	2,532,286	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,217	2,279	0	7,069	2,438,903	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	487,824	236,858	0	1,360,475	139,156,153	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,217	3,425	0	0	541,456	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	-1,716,496	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/28/2020 11:57 am

Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	20,869	65,560	0	0	9,860,960	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)	513,910	305,843	0	1,360,475	147,842,073	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:
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Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	28,047,360					5.06
6.00	00600	MAINTENANCE & REPAIRS	994,832	5,304,803				6.00
7.00	00700	OPERATION OF PLANT	893,223	394,056	5,157,046			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	103,538	610,107	158,328	1,320,535		8.00
9.00	00900	HOUSEKEEPING	325,190	180,722	92,355	186,084	2,193,191	9.00
10.00	01000	DIETARY	296,838	335,627	250,654	47,591	37,086	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	80,194	2,718	41,354	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	366,157	425,308	141,768	18,255	10,596	14.00
15.00	01500	PHARMACY	482,347	0	57,678	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	234,309	10,870	360,833	0	4,075	16.00
17.00	01700	SOCIAL SERVICE	62,821	0	21,824	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	326,828	0	4,706	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	96,488	0	3,177	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,680,254	732,398	1,160,322	662,789	1,075,892	30.00
31.00	03100	INTENSIVE CARE UNIT	414,085	125,011	161,710	86,506	289,350	31.00
43.00	04300	NURSERY	123,392	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,613,240	475,584	432,394	36,662	203,768	50.00
51.00	05100	RECOVERY ROOM	105,770	266,327	60,796	121,869	4,075	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	293,404	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	251,592	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	737,052	6,794	47,531	31,324	28,527	54.00
57.00	05700	CT SCAN	235,102	14,947	47,531	0	24,452	57.00
58.00	05800	MRI	182,884	89,682	142,592	0	24,452	58.00
59.00	05900	CARDIAC CATHETERIZATION	388,913	38,047	110,091	0	115,495	59.00
60.00	06000	LABORATORY	1,746,959	394,056	241,065	9,356	50,820	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	240,740	70,658	26,001	12,995	20,377	65.00
66.00	06600	PHYSICAL THERAPY	446,045	50,276	320,626	43,455	20,377	66.00
67.00	06700	OCCUPATIONAL THERAPY	111,309	0	15,059	0	20,377	67.00
68.00	06800	SPEECH PATHOLOGY	49,489	1,359	7,941	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	123,627	4,076	0	0	20,377	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	169,104	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	240,514	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,911,964	81,529	0	0	4,075	73.00
75.00	07500	ASC (NON-DISTINCT PART)	597,517	222,845	263,007	0	101,884	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	6,448,612	301,656	0	0	0	90.00
91.00	09100	EMERGENCY	1,033,527	46,200	398,481	63,649	122,261	91.00
91.01	09101	CARDIAC REHAB	90,949	0	124,033	0	14,875	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	584,505	25,817	269,213	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	562,950	235,075	5,824	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,646,264	5,141,745	4,966,894	1,320,535	2,193,191	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	124,979	36,688	60,796	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER ADMINISTRATIVE & GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	2,276,117	126,370	129,356	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)	28,047,360	5,304,803	5,157,046	1,320,535	2,193,191	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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	
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	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	2,253,804					10.00
11.00	01100	CAFETERIA	0	0				11.00
13.00	01300	NURSING ADMINISTRATION	0	0	471,694			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,548,410		14.00
15.00	01500	PHARMACY	0	0	0	0	2,629,728	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	3,920	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	17,661	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,823,385	0	114,482	50,247	0	30.00
31.00	03100	INTENSIVE CARE UNIT	244,786	0	16,900	20,941	13	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	28,889	821,728	0	50.00
51.00	05100	RECOVERY ROOM	0	0	4,351	5,692	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	11,271	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	31,575	3,804	0	54.00
57.00	05700	CT SCAN	0	0	6,849	0	88	57.00
58.00	05800	MRI	0	0	5,413	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	8,917	187,821	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	13,224	10,830	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	22,744	10,222	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,815	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	14	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	6,318	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	501,547	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	738,187	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	24,108	0	2,600,059	73.00
75.00	07500	ASC (NON-DISTINCT PART)	160,771	0	28,430	123,827	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	24,862	0	53,615	55,101	318	91.00
91.01	09101	CARDIAC REHAB	0	0	5,830	574	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	27,927	15,270	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	33,441	2,619	29,250	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,253,804	0	471,694	2,548,410	2,629,728	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

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	
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	0	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)	2,253,804	0	471,694	2,548,410	2,629,728	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,625,200					16.00
17.00	01700	SOCIAL SERVICE	0	360,727				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,765,132			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	0	0			517,688	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	519,255	307,346	1,765,132	0	517,688	30.00
31.00	03100	INTENSIVE CARE UNIT	53,949	24,264	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	566,458	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	33,718	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,718	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	6,744	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	60,692	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
75.00	07500	ASC (NON-DISTINCT PART)	175,333	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	175,333	17,794	0	0	0	91.00
91.01	09101	CARDIAC REHAB	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	8,088	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	3,235	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,625,200	360,727	1,765,132	0	517,688	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00	21.00	22.00	23.00	
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments			0	0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,625,200	360,727	1,765,132	0	517,688	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00550	DATA PROCESSING				5.01
5.02	00540	NONPATIENT TELEPHONES				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02301	PARAMED ED PRGM- PHARMACY				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,688,656	-1,765,132	15,923,524	30.00
31.00	03100	INTENSIVE CARE UNIT	3,231,479	0	3,231,479	31.00
43.00	04300	NURSERY	657,970	0	657,970	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,167,862	0	11,167,862	50.00
51.00	05100	RECOVERY ROOM	1,027,116	0	1,027,116	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,564,536	0	1,564,536	52.00
53.00	05300	ANESTHESIOLOGY	1,386,567	0	1,386,567	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,113,500	0	4,113,500	54.00
57.00	05700	CT SCAN	1,347,515	0	1,347,515	57.00
58.00	05800	MRI	1,237,341	0	1,237,341	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,534,195	0	2,534,195	59.00
60.00	06000	LABORATORY	10,010,715	0	10,010,715	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,444,542	0	1,444,542	65.00
66.00	06600	PHYSICAL THERAPY	2,906,867	0	2,906,867	66.00
67.00	06700	OCCUPATIONAL THERAPY	634,791	0	634,791	67.00
68.00	06800	SPEECH PATHOLOGY	273,208	0	273,208	68.00
69.00	06900	ELECTROCARDIOLOGY	689,993	0	689,993	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,403,272	0	1,403,272	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,020,695	0	2,020,695	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,237,415	0	18,237,415	73.00
75.00	07500	ASC (NON-DISTINCT PART)	4,262,272	0	4,262,272	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	34,687,898	0	34,687,898	90.00
91.00	09100	EMERGENCY	6,468,755	0	6,468,755	91.00
91.01	09101	CARDIAC REHAB	630,284	0	630,284	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	3,463,106	0	3,463,106	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
116.00	11600	HOSPICE	3,311,297	0	3,311,297	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	136,401,847	-1,765,132	134,636,715	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	763,919	0	763,919	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
194.01	07951	5 WEST	-1,716,496	0	-1,716,496		194.01
194.02	07952	LIFELINE	0	0	0		194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0		194.03
194.04	07954	FREESTANDING CLINIC	12,392,803	0	12,392,803		194.04
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	147,842,073	-1,765,132	146,076,941		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/28/2020 11:57 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	53,983	1,810	55,793	4.00
5.01	00550	DATA PROCESSING	0	45,459	152,607	198,066	5.01
5.02	00540	NONPATIENT TELEPHONES	0	4,534	237	4,771	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	6,045	0	6,045	5.03
5.04	00570	ADMITTING	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	75,563	717	76,280	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	192,929	23,595	216,524	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	92,414	6,917	99,331	6.00
7.00	00700	OPERATION OF PLANT	0	2,326,159	1,409	2,327,568	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	81,352	3,930	85,282	8.00
9.00	00900	HOUSEKEEPING	0	47,454	748	48,202	9.00
10.00	01000	DIETARY	0	128,790	1,362	130,152	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	21,248	0	21,248	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	72,843	5,329	78,172	14.00
15.00	01500	PHARMACY	0	29,636	2,846	32,482	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	185,403	357	185,760	16.00
17.00	01700	SOCIAL SERVICE	0	11,214	0	11,214	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,418	0	2,418	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	0	1,632	0	1,632	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	596,196	13,012	609,208	30.00
31.00	03100	INTENSIVE CARE UNIT	0	83,090	6,079	89,169	31.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	222,172	64,930	287,102	50.00
51.00	05100	RECOVERY ROOM	0	31,238	921	32,159	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	18,041	18,041	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	24,422	34,559	58,981	54.00
57.00	05700	CT SCAN	0	24,422	20,930	45,352	57.00
58.00	05800	MRI	0	73,266	18,582	91,848	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	56,567	14,775	71,342	59.00
60.00	06000	LABORATORY	0	123,864	24,419	148,283	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	13,360	2,559	15,919	65.00
66.00	06600	PHYSICAL THERAPY	0	164,744	5,122	169,866	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,738	0	7,738	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,080	0	4,080	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,893	1,893	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	135,138	10,602	145,740	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	56,374	56,374	90.00
91.00	09100	EMERGENCY	0	204,747	9,170	213,917	91.00
91.01	09101	CARDIAC REHAB	0	63,730	667	64,397	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	138,327	445	138,772	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	2,992	1,628	4,620	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	5,349,169	506,572	5,855,741	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	31,238	98	31,336	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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
194.00	07950	MONROE CLINIC INN	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	66,466	506	66,972	975 194.04
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	5,446,873	507,176	5,954,049	55,793 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

Period:
From 01/01/2019
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Cost Center Description		DATA PROCESSING	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00550	DATA PROCESSING	200,757				5.01
5.02	00540	NONPATIENT TELEPHONES	497	5,378			5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,491	82	7,731		5.03
5.04	00570	ADMITTING	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	8,945	491	3	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	26,834	1,310	29	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	10,932	136	33	0	6.00
7.00	00700	OPERATION OF PLANT	1,491	82	2	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	994	55	23	0	8.00
9.00	00900	HOUSEKEEPING	994	55	46	0	9.00
10.00	01000	DIETARY	1,491	82	9	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	497	27	1	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,485	109	136	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,963	136	0	0	16.00
17.00	01700	SOCIAL SERVICE	994	55	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	994	55	1	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	994	27	1	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	34,284	328	39	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,460	109	12	0	31.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,429	164	1,417	0	50.00
51.00	05100	RECOVERY ROOM	1,491	55	3	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,485	0	34	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	497	246	169	0	54.00
57.00	05700	CT SCAN	497	27	26	0	57.00
58.00	05800	MRI	497	27	19	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,982	109	148	0	59.00
60.00	06000	LABORATORY	13,914	437	30	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,491	82	24	0	65.00
66.00	06600	PHYSICAL THERAPY	3,975	164	8	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,988	55	1	0	67.00
68.00	06800	SPEECH PATHOLOGY	497	27	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	994	27	18	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,957	109	13	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	6,460	82	67	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	3,561	0	90.00
91.00	09100	EMERGENCY	15,902	191	39	0	91.00
91.01	09101	CARDIAC REHAB	0	0	2	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	10,435	109	13	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	4,472	55	58	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	193,303	5,105	5,985	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	994	55	87	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

Period:
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Cost Center Description			DATA PROCESSING	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	6,460	218	1,659	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)	200,757	5,378	7,731	0	86,068	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

Period:
From 01/01/2019
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Part II
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Cost Center Description			OTHER ADMINISTRATIVE & GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 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	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	250,429					5.06
6.00	00600	MAINTENANCE & REPAIRS	8,883	120,026				6.00
7.00	00700	OPERATION OF PLANT	7,976	8,916	2,346,182			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	924	13,804	72,031	173,217		8.00
9.00	00900	HOUSEKEEPING	2,904	4,089	42,017	24,409	123,204	9.00
10.00	01000	DIETARY	2,650	7,594	114,034	6,243	2,083	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	716	61	18,814	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,269	9,623	64,497	2,395	595	14.00
15.00	01500	PHARMACY	4,307	0	26,240	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,092	246	164,160	0	229	16.00
17.00	01700	SOCIAL SERVICE	561	0	9,929	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,918	0	2,141	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	862	0	1,445	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,003	16,571	527,884	86,938	60,437	30.00
31.00	03100	INTENSIVE CARE UNIT	3,697	2,828	73,570	11,347	16,254	31.00
43.00	04300	NURSERY	1,102	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,405	10,761	196,716	4,809	11,447	50.00
51.00	05100	RECOVERY ROOM	944	6,026	27,659	15,986	229	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,620	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,246	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,581	154	21,624	4,109	1,603	54.00
57.00	05700	CT SCAN	2,099	338	21,624	0	1,374	57.00
58.00	05800	MRI	1,633	2,029	64,872	0	1,374	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,473	861	50,086	0	6,488	59.00
60.00	06000	LABORATORY	15,599	8,916	109,672	1,227	2,855	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,150	1,599	11,829	1,705	1,145	65.00
66.00	06600	PHYSICAL THERAPY	3,983	1,138	145,868	5,700	1,145	66.00
67.00	06700	OCCUPATIONAL THERAPY	994	0	6,851	0	1,145	67.00
68.00	06800	SPEECH PATHOLOGY	442	31	3,613	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,104	92	0	0	1,145	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,510	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,148	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,001	1,845	0	0	229	73.00
75.00	07500	ASC (NON-DISTINCT PART)	5,335	5,042	119,654	0	5,723	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	57,573	6,825	0	0	0	90.00
91.00	09100	EMERGENCY	9,228	1,045	181,288	8,349	6,868	91.00
91.01	09101	CARDIAC REHAB	812	0	56,428	0	836	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	5,219	584	122,478	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,027	5,319	2,649	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	228,990	116,337	2,259,673	173,217	123,204	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,116	830	27,659	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

Period:
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Cost Center Description			OTHER ADMINISTRATIVE & GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	20,323	2,859	58,850	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)	250,429	120,026	2,346,182	173,217	123,204	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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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	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	264,895					10.00
11.00	01100	CAFETERIA	0	0				11.00
13.00	01300	NURSING ADMINISTRATION	0	0	41,490			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	161,583		14.00
15.00	01500	PHARMACY	0	0	0	0	63,892	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	345	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,553	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	214,307	0	10,070	3,186	0	30.00
31.00	03100	INTENSIVE CARE UNIT	28,770	0	1,487	1,328	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	2,541	52,102	0	50.00
51.00	05100	RECOVERY ROOM	0	0	383	361	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	991	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,777	241	0	54.00
57.00	05700	CT SCAN	0	0	602	0	2	57.00
58.00	05800	MRI	0	0	476	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	784	11,909	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	1,163	687	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,001	648	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	512	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	556	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	31,801	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	46,805	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,121	0	63,171	73.00
75.00	07500	ASC (NON-DISTINCT PART)	18,896	0	2,501	7,851	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	2,922	0	4,716	3,494	8	91.00
91.01	09101	CARDIAC REHAB	0	0	513	36	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	2,456	968	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	2,941	166	711	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	264,895	0	41,490	161,583	63,892	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02

ALLOCATION OF CAPITAL RELATED 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	
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	0	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)	264,895	0	41,490	161,583	63,892	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	358,848					16.00
17.00	01700	SOCIAL SERVICE	0	23,205				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	10,644			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		0		22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	0	0			5,132	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	114,653	19,771				30.00
31.00	03100	INTENSIVE CARE UNIT	11,912	1,561				31.00
43.00	04300	NURSERY	0	0				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	125,075	0				50.00
51.00	05100	RECOVERY ROOM	0	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0				52.00
53.00	05300	ANESTHESIOLOGY	7,445	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,445	0				54.00
57.00	05700	CT SCAN	0	0				57.00
58.00	05800	MRI	0	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0				59.00
60.00	06000	LABORATORY	0	0				60.00
60.01	06001	BLOOD LABORATORY	0	0				60.01
65.00	06500	RESPIRATORY THERAPY	1,489	0				65.00
66.00	06600	PHYSICAL THERAPY	13,401	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0				67.00
68.00	06800	SPEECH PATHOLOGY	0	0				68.00
69.00	06900	ELECTROCARDIOLOGY	0	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0				73.00
75.00	07500	ASC (NON-DISTINCT PART)	38,714	0				75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00	09000	CLINIC	0	0				90.00
91.00	09100	EMERGENCY	38,714	1,145				91.00
91.01	09101	CARDIAC REHAB	0	0				91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	520				101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0				111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	208				116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	358,848	23,205	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
194.00	07950	MONROE CLINIC INN	0	0				194.00

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
					21.00	22.00		
194.01	07951	5 WEST	16.00	17.00	21.00	22.00	23.00	
194.02	07952	LIFELINE	0	0				194.01
194.03	07953	PHARMACY NURSING HOME	0	0				194.02
194.04	07954	FREESTANDING CLINIC	0	0				194.03
200.00		Cross Foot Adjustments			10,644	0	5,132	194.04
201.00		Negative Cost Centers	0	0	0	0	0	200.00
202.00		TOTAL (sum lines 118 through 201)	358,848	23,205	10,644	0	5,132	201.00
								202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00550	DATA PROCESSING				5.01
5.02	00540	NONPATIENT TELEPHONES				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02301	PARAMED ED PRGM- PHARMACY				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,720,081	0	1,720,081	30.00
31.00	03100	INTENSIVE CARE UNIT	249,553	0	249,553	31.00
43.00	04300	NURSERY	1,442	0	1,442	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	724,729	0	724,729	50.00
51.00	05100	RECOVERY ROOM	85,926	0	85,926	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,582	0	3,582	52.00
53.00	05300	ANESTHESIOLOGY	36,528	0	36,528	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	109,409	0	109,409	54.00
57.00	05700	CT SCAN	77,142	0	77,142	57.00
58.00	05800	MRI	165,423	0	165,423	58.00
59.00	05900	CARDIAC CATHETERIZATION	149,622	0	149,622	59.00
60.00	06000	LABORATORY	310,401	0	310,401	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	42,119	0	42,119	65.00
66.00	06600	PHYSICAL THERAPY	350,541	0	350,541	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,960	0	19,960	67.00
68.00	06800	SPEECH PATHOLOGY	8,899	0	8,899	68.00
69.00	06900	ELECTROCARDIOLOGY	7,642	0	7,642	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,535	0	35,535	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	49,936	0	49,936	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	106,543	0	106,543	73.00
75.00	07500	ASC (NON-DISTINCT PART)	357,463	0	357,463	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	177,493	0	177,493	90.00
91.00	09100	EMERGENCY	494,286	0	494,286	91.00
91.01	09101	CARDIAC REHAB	123,313	0	123,313	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	282,702	0	282,702	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
116.00	11600	HOSPICE	27,528	0	27,528	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,717,798	0	5,717,798	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	62,159	0	62,159	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/28/2020 11:57 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
194.01	07951	5 WEST	0	0	0		194.01
194.02	07952	LIFELINE	0	0	0		194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0		194.03
194.04	07954	FREESTANDING CLINIC	158,316	0	158,316		194.04
200.00		Cross Foot Adjustments	15,776	0	15,776		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	5,954,049	0	5,954,049		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:
8/28/2020 11:57 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSI)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	360,417				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,643,863			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,572	13,006	89,672,753		4.00
5.01	00550	DATA PROCESSING	3,008	1,096,424	4,326,605	404	5.01
5.02	00540	NONPATIENT TELEPHONES	300	1,700	176,107	1	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	400	0	181,545	3	5.03
5.04	00570	ADMITTING	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,000	5,150	560,698	18	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	12,766	169,518	9,216,011	54	5.06
6.00	00600	MAINTENANCE & REPAIRS	6,115	49,694	1,142,755	22	6.00
7.00	00700	OPERATION OF PLANT	153,921	10,120	235,787	3	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,383	28,233	167,267	2	8.00
9.00	00900	HOUSEKEEPING	3,140	5,376	784,919	2	9.00
10.00	01000	DIETARY	8,522	9,785	895,847	3	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,406	0	203,082	1	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,820	38,284	484,825	5	14.00
15.00	01500	PHARMACY	1,961	20,450	1,387,694	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,268	2,567	421,677	12	16.00
17.00	01700	SOCIAL SERVICE	742	0	172,759	2	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	160	0	906,141	2	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	108	0	275,186	2	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	39,450	93,485	5,571,335	69	30.00
31.00	03100	INTENSIVE CARE UNIT	5,498	43,678	942,437	13	31.00
43.00	04300	NURSERY	0	0	316,013	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14,701	466,499	1,523,478	23	50.00
51.00	05100	RECOVERY ROOM	2,067	6,618	270,369	3	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	749,958	0	52.00
53.00	05300	ANESTHESIOLOGY	0	129,621	2,742,813	5	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,616	248,296	1,486,353	1	54.00
57.00	05700	CT SCAN	1,616	150,374	381,473	1	57.00
58.00	05800	MRI	4,848	133,505	257,753	1	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,743	106,151	530,572	6	59.00
60.00	06000	LABORATORY	8,196	175,442	2,077,552	28	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	884	18,389	610,601	3	65.00
66.00	06600	PHYSICAL THERAPY	10,901	36,799	1,201,023	8	66.00
67.00	06700	OCCUPATIONAL THERAPY	512	0	301,169	4	67.00
68.00	06800	SPEECH PATHOLOGY	270	0	0	1	68.00
69.00	06900	ELECTROCARDIOLOGY	0	13,599	312,326	2	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	14	73.00
75.00	07500	ASC (NON-DISTINCT PART)	8,942	76,170	1,503,118	13	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	405,025	38,561,359	0	90.00
91.00	09100	EMERGENCY	13,548	65,880	4,095,417	32	91.00
91.01	09101	CARDIAC REHAB	4,217	4,793	257,647	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	9,153	3,200	1,364,557	21	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	198	11,695	1,376,349	9	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	353,952	3,639,526	87,972,577	389	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,067	703	132,237	2	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:
8/28/2020 11:57 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSI)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	4,398	3,634	1,567,939	13	80	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)	5,446,873	507,176	18,770,277	9,409,458	513,910	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.112697	0.139186	0.209320	23,290.737624	260.868020	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			55,793	200,757	5,378	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000622	496.923267	2.729949	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: 52-0028

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

Worksheet B-1

Date/Time Prepared:
8/28/2020 11:57 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	25,377,985					5.03
5.04	00570	ADMITTING	0	523,502,059				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	10,457	0	523,502,059			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	96,097	0	0	-28,047,360	121,511,209	5.06
6.00	00600	MAINTENANCE & REPAIRS	109,506	0	0	0	4,309,971	6.00
7.00	00700	OPERATION OF PLANT	5,308	0	0	0	3,869,767	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	74,423	0	0	0	448,562	8.00
9.00	00900	HOUSEKEEPING	151,161	0	0	0	1,408,840	9.00
10.00	01000	DIETARY	29,987	0	0	0	1,286,008	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,727	0	0	0	347,428	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	446,834	0	0	0	1,586,326	14.00
15.00	01500	PHARMACY	0	0	0	0	2,089,703	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,046	0	0	0	1,015,113	16.00
17.00	01700	SOCIAL SERVICE	13	0	0	0	272,162	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,697	0	0	0	1,415,937	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	2,314	0	0	0	418,023	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	126,377	24,006,324	24,006,324	0	7,279,466	30.00
31.00	03100	INTENSIVE CARE UNIT	38,758	2,824,175	2,824,175	0	1,793,964	31.00
43.00	04300	NURSERY	0	873,153	873,153	0	534,578	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,647,024	35,443,442	35,443,442	0	6,989,139	50.00
51.00	05100	RECOVERY ROOM	9,024	2,817,066	2,817,066	0	458,236	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,025,780	3,025,780	0	1,271,132	52.00
53.00	05300	ANESTHESIOLOGY	110,684	21,828,024	21,828,024	0	1,089,986	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	552,899	24,738,846	24,738,846	0	3,193,175	54.00
57.00	05700	CT SCAN	86,753	30,269,098	30,269,098	0	1,018,546	57.00
58.00	05800	MRI	60,721	15,173,753	15,173,753	0	792,318	58.00
59.00	05900	CARDIAC CATHETERIZATION	485,454	6,770,835	6,770,835	0	1,684,911	59.00
60.00	06000	LABORATORY	99,914	49,852,955	49,852,955	0	7,568,459	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	80,022	14,978,238	14,978,238	0	1,042,973	65.00
66.00	06600	PHYSICAL THERAPY	27,187	11,567,412	11,567,412	0	1,932,430	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,580	2,984,456	2,984,456	0	482,231	67.00
68.00	06800	SPEECH PATHOLOGY	428	1,268,434	1,268,434	0	214,405	68.00
69.00	06900	ELECTROCARDIOLOGY	59,348	9,869,897	9,869,897	0	535,595	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,558,974	13,558,974	0	732,621	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,992,228	5,992,228	0	1,041,994	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,272	37,174,453	37,174,453	0	12,615,680	73.00
75.00	07500	ASC (NON-DISTINCT PART)	220,163	2,823,010	2,823,010	0	2,588,658	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	11,700,948	176,467,714	176,467,714	0	27,937,630	90.00
91.00	09100	EMERGENCY	127,934	23,861,956	23,861,956	0	4,477,614	91.00
91.01	09101	CARDIAC REHAB	8,036	789,450	789,450	0	394,023	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	42,838	1,822,307	1,822,307	0	2,532,286	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	189,090	2,720,079	2,720,079	0	2,438,903	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	19,654,024	523,502,059	523,502,059	-28,047,360	111,108,793	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	284,180	0	0	0	541,456	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:
8/28/2020 11:57 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
194.01	07951	5 WEST	0	0	0	1,716,496	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	5,439,781	0	0	0	9,860,960	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)	305,843	0	1,360,475		28,047,360	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.012052	0.000000	0.002599		0.230821	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,731	0	86,068		250,429	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000305	0.000000	0.000164		0.002061	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: 52-0028

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

Worksheet B-1

Date/Time Prepared:
8/28/2020 11:57 am

Cost Center Description			MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	3,904					6.00
7.00	00700	OPERATION OF PLANT	290	175,335				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	449	5,383	506,147			8.00
9.00	00900	HOUSEKEEPING	133	3,140	71,324	53,816		9.00
10.00	01000	DIETARY	247	8,522	18,241	910	27,014	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2	1,406	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	313	4,820	6,997	260	0	14.00
15.00	01500	PHARMACY	0	1,961	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8	12,268	0	100	0	16.00
17.00	01700	SOCIAL SERVICE	0	742	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	160	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	0	108	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	539	39,450	254,040	26,400	21,855	30.00
31.00	03100	INTENSIVE CARE UNIT	92	5,498	33,157	7,100	2,934	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	350	14,701	14,052	5,000	0	50.00
51.00	05100	RECOVERY ROOM	196	2,067	46,711	100	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	5	1,616	12,006	700	0	54.00
57.00	05700	CT SCAN	11	1,616	0	600	0	57.00
58.00	05800	MRI	66	4,848	0	600	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	28	3,743	0	2,834	0	59.00
60.00	06000	LABORATORY	290	8,196	3,586	1,247	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	52	884	4,981	500	0	65.00
66.00	06600	PHYSICAL THERAPY	37	10,901	16,656	500	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	512	0	500	0	67.00
68.00	06800	SPEECH PATHOLOGY	1	270	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3	0	0	500	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	60	0	0	100	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	164	8,942	0	2,500	1,927	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	222	0	0	0	0	90.00
91.00	09100	EMERGENCY	34	13,548	24,396	3,000	298	91.00
91.01	09101	CARDIAC REHAB	0	4,217	0	365	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	19	9,153	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	173	198	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,784	168,870	506,147	53,816	27,014	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	27	2,067	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:
8/28/2020 11:57 am

Cost Center Description			MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	93	4,398	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)	5,304,803	5,157,046	1,320,535	2,193,191	2,253,804	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,358.812244	29.412530	2.608995	40.753512	83.430962	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	120,026	2,346,182	173,217	123,204	264,895	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	30.744365	13.381139	0.342227	2.289356	9.805841	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: 52-0028

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

Worksheet B-1

Date/Time Prepared:
8/28/2020 11:57 am

Cost Center Description			CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			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	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	40,117					11.00
13.00	01300	NURSING ADMINISTRATION	208	32,851				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,331	0	3,543,464			14.00
15.00	01500	PHARMACY	0	0	0	12,321,040		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,207	0	0	0	1,205	16.00
17.00	01700	SOCIAL SERVICE	273	273	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,230	1,230	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	346	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,973	7,973	69,866	0	385	30.00
31.00	03100	INTENSIVE CARE UNIT	1,177	1,177	29,118	59	40	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,012	2,012	1,142,582	0	420	50.00
51.00	05100	RECOVERY ROOM	303	303	7,914	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	785	785	0	0	25	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,199	2,199	5,290	0	25	54.00
57.00	05700	CT SCAN	477	477	0	410	0	57.00
58.00	05800	MRI	377	377	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	621	621	261,158	0	0	59.00
60.00	06000	LABORATORY	3,750	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	921	921	15,058	0	5	65.00
66.00	06600	PHYSICAL THERAPY	1,584	1,584	14,213	0	45	66.00
67.00	06700	OCCUPATIONAL THERAPY	405	405	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1	1	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	440	440	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	697,381	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,026,420	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,679	1,679	0	12,182,037	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,980	1,980	172,176	0	130	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	3,734	3,734	76,616	1,488	130	91.00
91.01	09101	CARDIAC REHAB	406	406	798	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,945	1,945	21,232	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,329	2,329	3,642	137,046	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	39,693	32,851	3,543,464	12,321,040	1,205	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	424	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:
8/28/2020 11:57 am

Cost Center Description			CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	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)	0	471,694	2,548,410	2,629,728	1,625,200	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	14.358589	0.719186	0.213434	1,348.713693	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	41,490	161,583	63,892	358,848	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	1.262975	0.045600	0.005186	297.799170	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: 52-0028

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

Worksheet B-1

Date/Time Prepared:
8/28/2020 11:57 am

Cost Center Description		INTERNS & RESIDENTS			PARAMED ED PRGM- PHARMACY (ASSIGNED TIME)		
		SOCIAL SERVICE (TIME SPENT)	SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ACCUM. COST)			
			17.00	21.00			
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00550	DATA PROCESSING					5.01
5.02	00540	NONPATIENT TELEPHONES					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	1,115				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,000			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		0		22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	0			1,000	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	950	1,000	0	1,000	30.00
31.00	03100	INTENSIVE CARE UNIT	75	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	55	0	0	0	91.00
91.01	09101	CARDIAC REHAB	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	25	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	10			0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,115	1,000	0	1,000	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:
8/28/2020 11:57 am

Cost Center Description			INTERNS & RESIDENTS					
			SOCIAL SERVICE (TIME SPENT)	SERVICES-SALAR	SERVICES-OTHER	PARAMED ED		
				Y & FRINGES APPRV (ASSIGNED TIME)	PRGM COSTS APPRV (ACCUM. COST)	PRGM- PHARMACY (ASSIGNED TIME)		
			17.00	21.00	22.00	23.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0		194.00
194.01	07951	5 WEST	0	0	0	0		194.01
194.02	07952	LIFELINE	0	0	0	0		194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0		194.03
194.04	07954	FREESTANDING CLINIC	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)	360,727	1,765,132	0	517,688		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	323.521973	1,765.132000	0.000000	517.688000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	23,205	10,644	0	5,132		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	20.811659	10.644000	0.000000	5.132000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

MCRIF32 - 16.2.168.1

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/28/2020 11:57 am

			Title XVIII			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	18,092,884		18,092,884			30.00
31.00	03100	INTENSIVE CARE UNIT	2,824,175		2,824,175			31.00
43.00	04300	NURSERY	873,153		873,153			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,595,856	26,847,586	35,443,442	0.315090	0.000000	50.00
51.00	05100	RECOVERY ROOM	806,824	2,010,242	2,817,066	0.364605	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,019,309	6,471	3,025,780	0.517069	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	5,595,295	16,232,729	21,828,024	0.063522	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,142,965	22,595,881	24,738,846	0.166277	0.000000	54.00
57.00	05700	CT SCAN	5,136,739	25,132,359	30,269,098	0.044518	0.000000	57.00
58.00	05800	MRI	1,546,765	13,626,988	15,173,753	0.081545	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,219,625	4,551,210	6,770,835	0.374281	0.000000	59.00
60.00	06000	LABORATORY	6,458,247	43,394,708	49,852,955	0.200805	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	3,160,127	11,818,111	14,978,238	0.096443	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,242,931	10,324,481	11,567,412	0.251298	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	766,748	2,217,708	2,984,456	0.212699	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	121,382	1,147,052	1,268,434	0.215390	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	2,233,505	7,636,392	9,869,897	0.069909	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,547,358	8,011,616	13,558,974	0.103494	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,253,615	3,738,613	5,992,228	0.337219	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,720,760	21,453,693	37,174,453	0.490590	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	29,204	2,793,806	2,823,010	1.509832	0.000000	75.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	27,709	176,440,005	176,467,714	0.196568	0.000000	90.00
91.00	09100	EMERGENCY	5,261,043	18,600,913	23,861,956	0.271091	0.000000	91.00
91.01	09101	CARDIAC REHAB	3,211	786,239	789,450	0.798384	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	753,588	5,159,852	5,913,440	0.388614	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	1,822,307	1,822,307			101.00
	SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,720,079	2,720,079			116.00
200.00		Subtotal (see instructions)	94,433,018	429,069,041	523,502,059			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	94,433,018	429,069,041	523,502,059			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 52-0028	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 8/28/2020 11:57 am
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.315090		50.00
51.00	05100	RECOVERY ROOM	0.364605		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.517069		52.00
53.00	05300	ANESTHESIOLOGY	0.063522		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.166277		54.00
57.00	05700	CT SCAN	0.044518		57.00
58.00	05800	MRI	0.081545		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.374281		59.00
60.00	06000	LABORATORY	0.200805		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.096443		65.00
66.00	06600	PHYSICAL THERAPY	0.251298		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.212699		67.00
68.00	06800	SPEECH PATHOLOGY	0.215390		68.00
69.00	06900	ELECTROCARDIOLOGY	0.069909		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.103494		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.337219		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.490590		73.00
75.00	07500	ASC (NON-DISTINCT PART)	1.509832		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.196568		90.00
91.00	09100	EMERGENCY	0.271091		91.00
91.01	09101	CARDIAC REHAB	0.798384		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.388614		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
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			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,923,524		15,923,524	0
31.00	03100	INTENSIVE CARE UNIT	3,231,479		3,231,479	0
43.00	04300	NURSERY	657,970		657,970	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,167,862		11,167,862	0
51.00	05100	RECOVERY ROOM	1,027,116		1,027,116	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,564,536		1,564,536	0
53.00	05300	ANESTHESIOLOGY	1,386,567		1,386,567	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,113,500		4,113,500	0
57.00	05700	CT SCAN	1,347,515		1,347,515	0
58.00	05800	MRI	1,237,341		1,237,341	0
59.00	05900	CARDIAC CATHETERIZATION	2,534,195		2,534,195	0
60.00	06000	LABORATORY	10,010,715		10,010,715	0
60.01	06001	BLOOD LABORATORY	0		0	0
65.00	06500	RESPIRATORY THERAPY	1,444,542	0	1,444,542	0
66.00	06600	PHYSICAL THERAPY	2,906,867	0	2,906,867	0
67.00	06700	OCCUPATIONAL THERAPY	634,791	0	634,791	0
68.00	06800	SPEECH PATHOLOGY	273,208	0	273,208	0
69.00	06900	ELECTROCARDIOLOGY	689,993		689,993	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,403,272		1,403,272	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,020,695		2,020,695	0
73.00	07300	DRUGS CHARGED TO PATIENTS	18,237,415		18,237,415	0
75.00	07500	ASC (NON-DISTINCT PART)	4,262,272		4,262,272	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0
90.00	09000	CLINIC	34,687,898		34,687,898	0
91.00	09100	EMERGENCY	6,468,755		6,468,755	0
91.01	09101	CARDIAC REHAB	630,284		630,284	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,298,048		2,298,048	0
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0		0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0
101.00	10100	HOME HEALTH AGENCY	3,463,106		3,463,106	0
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0		0	0
110.00	11000	INTESTINAL ACQUISITION	0		0	0
111.00	11100	ISLET ACQUISITION	0		0	0
113.00	11300	INTEREST EXPENSE				
116.00	11600	HOSPICE	3,311,297		3,311,297	0
200.00		Subtotal (see instructions)	136,934,763	0	136,934,763	0
201.00		Less Observation Beds	2,298,048		2,298,048	0
202.00		Total (see instructions)	134,636,715	0	134,636,715	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
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			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	18,092,884		18,092,884		30.00
31.00	03100	INTENSIVE CARE UNIT	2,824,175		2,824,175		31.00
43.00	04300	NURSERY	873,153		873,153		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,595,856	26,847,586	35,443,442	0.315090	50.00
51.00	05100	RECOVERY ROOM	806,824	2,010,242	2,817,066	0.364605	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,019,309	6,471	3,025,780	0.517069	52.00
53.00	05300	ANESTHESIOLOGY	5,595,295	16,232,729	21,828,024	0.063522	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,142,965	22,595,881	24,738,846	0.166277	54.00
57.00	05700	CT SCAN	5,136,739	25,132,359	30,269,098	0.044518	57.00
58.00	05800	MRI	1,546,765	13,626,988	15,173,753	0.081545	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,219,625	4,551,210	6,770,835	0.374281	59.00
60.00	06000	LABORATORY	6,458,247	43,394,708	49,852,955	0.200805	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	3,160,127	11,818,111	14,978,238	0.096443	65.00
66.00	06600	PHYSICAL THERAPY	1,242,931	10,324,481	11,567,412	0.251298	66.00
67.00	06700	OCCUPATIONAL THERAPY	766,748	2,217,708	2,984,456	0.212699	67.00
68.00	06800	SPEECH PATHOLOGY	121,382	1,147,052	1,268,434	0.215390	68.00
69.00	06900	ELECTROCARDIOLOGY	2,233,505	7,636,392	9,869,897	0.069909	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,547,358	8,011,616	13,558,974	0.103494	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,253,615	3,738,613	5,992,228	0.337219	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,720,760	21,453,693	37,174,453	0.490590	73.00
75.00	07500	ASC (NON-DISTINCT PART)	29,204	2,793,806	2,823,010	1.509832	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	27,709	176,440,005	176,467,714	0.196568	90.00
91.00	09100	EMERGENCY	5,261,043	18,600,913	23,861,956	0.271091	91.00
91.01	09101	CARDIAC REHAB	3,211	786,239	789,450	0.798384	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	753,588	5,159,852	5,913,440	0.388614	92.00
	OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	1,822,307	1,822,307		101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,720,079	2,720,079		116.00
200.00		Subtotal (see instructions)	94,433,018	429,069,041	523,502,059		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	94,433,018	429,069,041	523,502,059		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
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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
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
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
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	CARDIAC REHAB	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
8/28/2020 11:57 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,720,081	0	1,720,081	8,315	206.86	30.00
31.00	INTENSIVE CARE UNIT	249,553		249,553	978	255.17	31.00
43.00	NURSERY	1,442		1,442	769	1.88	43.00
200.00	Total (lines 30 through 199)	1,971,076		1,971,076	10,062		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	3,442	712,012				30.00
31.00	INTENSIVE CARE UNIT	564	143,916				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	4,006	855,928				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part II
Date/Time Prepared:
8/28/2020 11:57 am

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	724,729	35,443,442	0.020447	3,712,466	75,909	50.00
51.00	05100	RECOVERY ROOM	85,926	2,817,066	0.030502	258,844	7,895	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,582	3,025,780	0.001184	24,371	29	52.00
53.00	05300	ANESTHESIOLOGY	36,528	21,828,024	0.001673	817,389	1,367	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	109,409	24,738,846	0.004423	1,162,365	5,141	54.00
57.00	05700	CT SCAN	77,142	30,269,098	0.002549	2,730,573	6,960	57.00
58.00	05800	MRI	165,423	15,173,753	0.010902	815,278	8,888	58.00
59.00	05900	CARDIAC CATHETERIZATION	149,622	6,770,835	0.022098	1,030,734	22,777	59.00
60.00	06000	LABORATORY	310,401	49,852,955	0.006226	3,352,291	20,871	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	42,119	14,978,238	0.002812	1,688,362	4,748	65.00
66.00	06600	PHYSICAL THERAPY	350,541	11,567,412	0.030304	811,689	24,597	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,960	2,984,456	0.006688	500,003	3,344	67.00
68.00	06800	SPEECH PATHOLOGY	8,899	1,268,434	0.007016	82,074	576	68.00
69.00	06900	ELECTROCARDIOLOGY	7,642	9,869,897	0.000774	1,278,352	989	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,535	13,558,974	0.002621	2,807,508	7,358	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	49,936	5,992,228	0.008333	1,284,668	10,705	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	106,543	37,174,453	0.002866	8,698,181	24,929	73.00
75.00	07500	ASC (NON-DISTINCT PART)	357,463	2,823,010	0.126625	11,849	1,500	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	177,493	176,467,714	0.001006	27,709	28	90.00
91.00	09100	EMERGENCY	494,286	23,861,956	0.020714	1,896,742	39,289	91.00
91.01	09101	CARDIAC REHAB	123,313	789,450	0.156201	1,014	158	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	248,237	5,913,440	0.041978	347,022	14,567	92.00
200.00		Total (lines 50 through 199)	3,684,729	497,169,461		33,339,484	282,625	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 52-0028		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 8/28/2020 11:57 am	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	517,688	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	31.00	
43.00	04300	NURSERY		0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)		0	0	0	517,688	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	517,688	8,315	62.26	3,442	30.00	
31.00	03100	INTENSIVE CARE UNIT			0	978	0.00	564	31.00	
43.00	04300	NURSERY			0	769	0.00	0	43.00	
200.00		Total (lines 30 through 199)			517,688	10,062		4,006	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		214,299						30.00
31.00	03100	INTENSIVE CARE UNIT		0						31.00
43.00	04300	NURSERY		0						43.00
200.00		Total (lines 30 through 199)		214,299						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 52-0028

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

Worksheet D
Part IV
Date/Time Prepared:
8/28/2020 11:57 am

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	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	CARDIAC REHAB	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	74,712	92.00
200.00		Total (lines 50 through 199)	0	0	0	74,712	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 52-0028		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/28/2020 11:57 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	35,443,442	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,817,066	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,025,780	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	21,828,024	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	24,738,846	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	30,269,098	0.000000	57.00
58.00	05800	MRI	0	0	0	15,173,753	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	6,770,835	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	49,852,955	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,978,238	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,567,412	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,984,456	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,268,434	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,869,897	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,558,974	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,992,228	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	37,174,453	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	2,823,010	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	176,467,714	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	23,861,956	0.000000	91.00
91.01	09101	CARDIAC REHAB	0	0	0	789,450	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	74,712	74,712	5,913,440	0.012634	92.00
200.00		Total (lines 50 through 199)	0	74,712	74,712	497,169,461		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/28/2020 11:57 am

			Title XVIII			Hospital		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	3,712,466	0	8,904,469	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	258,844	0	347,269	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	24,371	0	498	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	817,389	0	2,276,733	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,162,365	0	8,092,552	0	54.00	
57.00	05700	CT SCAN	0.000000	2,730,573	0	8,820,505	0	57.00	
58.00	05800	MRI	0.000000	815,278	0	4,002,085	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	1,030,734	0	1,930,396	0	59.00	
60.00	06000	LABORATORY	0.000000	3,352,291	0	7,856,289	0	60.00	
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
65.00	06500	RESPIRATORY THERAPY	0.000000	1,688,362	0	3,021,040	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	811,689	0	57,771	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	500,003	0	24,915	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	82,074	0	4,266	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,278,352	0	3,610,579	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,807,508	0	2,420,943	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,284,668	0	1,754,864	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	8,698,181	0	21,073,855	0	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	11,849	0	1,476,387	0	75.00	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00	09000	CLINIC	0.000000	27,709	0	10,531,151	0	90.00	
91.00	09100	EMERGENCY	0.000000	1,896,742	0	6,200,602	0	91.00	
91.01	09101	CARDIAC REHAB	0.000000	1,014	0	426,742	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.012634	347,022	4,384	1,599,704	20,211	92.00	
200.00		Total (lines 50 through 199)		33,339,484	4,384	94,433,615	20,211	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 52-0028		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 8/28/2020 11:57 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.315090	8,904,469	0	0	2,805,709	50.00
51.00	05100	RECOVERY ROOM		0.364605	347,269	0	0	126,616	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.517069	498	0	0	258	52.00
53.00	05300	ANESTHESIOLOGY		0.063522	2,276,733	0	0	144,623	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.166277	8,092,552	0	0	1,345,605	54.00
57.00	05700	CT SCAN		0.044518	8,820,505	0	0	392,671	57.00
58.00	05800	MRI		0.081545	4,002,085	0	40	326,350	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.374281	1,930,396	0	0	722,511	59.00
60.00	06000	LABORATORY		0.200805	7,856,289	0	0	1,577,582	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY		0.096443	3,021,040	0	0	291,358	65.00
66.00	06600	PHYSICAL THERAPY		0.251298	57,771	0	0	14,518	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.212699	24,915	0	0	5,299	67.00
68.00	06800	SPEECH PATHOLOGY		0.215390	4,266	0	0	919	68.00
69.00	06900	ELECTROCARDIOLOGY		0.069909	3,610,579	0	0	252,412	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.103494	2,420,943	0	0	250,553	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.337219	1,754,864	0	0	591,773	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.490590	21,073,855	4,140	375,698	10,338,623	73.00
75.00	07500	ASC (NON-DISTINCT PART)		1.509832	1,476,387	0	0	2,229,096	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000				0	89.00
90.00	09000	CLINIC		0.196568	10,531,151	0	430	2,070,087	90.00
91.00	09100	EMERGENCY		0.271091	6,200,602	0	1,232	1,680,927	91.00
91.01	09101	CARDIAC REHAB		0.798384	426,742	0	0	340,704	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.388614	1,599,704	0	0	621,667	92.00
200.00		Subtotal (see instructions)			94,433,615	4,140	377,400	26,129,861	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			94,433,615	4,140	377,400	26,129,861	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 52-0028		Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 8/28/2020 11:57 am
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	3		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
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	2,031	184,314		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	85		90.00
91.00	09100	EMERGENCY	0	334		91.00
91.01	09101	CARDIAC REHAB	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	2,031	184,736		200.00
201.00		Less PBP Clinic Lab. Services-Program	0			201.00
		Only Charges				
202.00		Net Charges (line 200 - line 201)	2,031	184,736		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-0028	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/28/2020 11:57 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,315	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,315	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)		7,115	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)		3,442	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)		15,923,524	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)		15,923,524	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)		15,923,524	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)		1,915.04	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,591,568	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)		6,591,568	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-0028

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

Worksheet D-1

Date/Time Prepared:
8/28/2020 11:57 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,231,479	978	3,304.17	564	1,863,552	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,013,331	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					17,468,451	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)					1,070,227	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					287,009	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,357,236	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					16,111,215	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)					1,200	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,915.04	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,298,048	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 52-0028		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 8/28/2020 11:57 am	
				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
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	1,720,081	15,923,524	0.108021	2,298,048	248,237		90.00	
91.00	Nursing School cost	0	15,923,524	0.000000	2,298,048	0		91.00	
92.00	Allied health cost	517,688	15,923,524	0.032511	2,298,048	74,712		92.00	
93.00	All other Medical Education	0	15,923,524	0.000000	2,298,048	0		93.00	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 52-0028	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/28/2020 11:57 am	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		4,994,053		30.00
31.00	03100	INTENSIVE CARE UNIT		1,555,941		31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.315090	3,712,466	1,169,761	50.00
51.00	05100	RECOVERY ROOM	0.364605	258,844	94,376	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.517069	24,371	12,601	52.00
53.00	05300	ANESTHESIOLOGY	0.063522	817,389	51,922	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.166277	1,162,365	193,275	54.00
57.00	05700	CT SCAN	0.044518	2,730,573	121,560	57.00
58.00	05800	MRI	0.081545	815,278	66,482	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.374281	1,030,734	385,784	59.00
60.00	06000	LABORATORY	0.200805	3,352,291	673,157	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.096443	1,688,362	162,831	65.00
66.00	06600	PHYSICAL THERAPY	0.251298	811,689	203,976	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.212699	500,003	106,350	67.00
68.00	06800	SPEECH PATHOLOGY	0.215390	82,074	17,678	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069909	1,278,352	89,368	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.103494	2,807,508	290,560	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.337219	1,284,668	433,214	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.490590	8,698,181	4,267,241	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1.509832	11,849	17,890	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.196568	27,709	5,447	90.00
91.00	09100	EMERGENCY	0.271091	1,896,742	514,190	91.00
91.01	09101	CARDIAC REHAB	0.798384	1,014	810	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.388614	347,022	134,858	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		33,339,484	9,013,331	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)		33,339,484		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A
Date/Time Prepared:
8/28/2020 11:57 am

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			7,158,496	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			2,865,196	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)			94,911	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			34,778	2.04
3.00	Managed Care Simulated Payments			2,607,621	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			54.71	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)			1.13	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)			1.13	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			8.20	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)			1.13	12.00
13.00	Total allowable FTE count for the prior year.			1.13	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.			1.13	14.00
15.00	Sum of lines 12 through 14 divided by 3.			1.13	15.00
16.00	Adjustment for residents in initial years of the program			3.52	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			4.65	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.084994	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.082505	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.082505	21.00
22.00	IME payment adjustment (see instructions)			441,534	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			114,863	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)			7.07	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)			441,534	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			114,863	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			2.61	30.00
31.00	Percentage of Medicaid patient days (see instructions)			14.83	31.00
32.00	Sum of lines 30 and 31			17.44	32.00
33.00	Allowable disproportionate share percentage (see instructions)			4.09	33.00
34.00	Disproportionate share adjustment (see instructions)			102,493	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0028	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/28/2020 11:57 am
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		8,272,872,447	8,350,599,096
35.01	Factor 3 (see instructions)		0.000080159	0.000095471
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		663,145	797,240
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		495,996	200,399
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		696,395	
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)		0.000000	
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)		11,393,803	
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)		11,508,666	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		860,832	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).		86,332	52.00
53.00	Nursing and Allied Health Managed Care payment		180,684	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		214,299	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		4,384	58.00
59.00	Total (sum of amounts on lines 49 through 58)		12,855,197	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		12,855,197	61.00
62.00	Deductibles billed to program beneficiaries		1,089,692	62.00
63.00	Coinurance billed to program beneficiaries		6,479	63.00
64.00	Allowable bad debts (see instructions)		173,855	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		113,006	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		172,903	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		11,872,032	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		143,602	70.93
70.94	HRR adjustment amount (see instructions)		-37,798	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0028	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/28/2020 11:57 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	2018	765,744	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)	2019	371,180	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)		13,114,760	71.00
71.01	Sequestration adjustment (see instructions)		262,295	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		12,540,365	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		312,100	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
8/28/2020 11:57 am

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	7,158,496	0	7,158,496		7,158,496	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,865,196	0		2,865,196	2,865,196	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	94,911	0	94,911		94,911	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	34,778	0		34,778	34,778	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	2,607,621	0	2,112,196	495,425	2,607,621	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.082505	0.082505	0.082505	0.082505		5.00
6.00	IME payment adjustment (see instructions)	22.00	441,534	0	315,325	126,209	441,534	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	114,863	0	93,040	21,823	114,863	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	441,534	0	315,325	126,209	441,534	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	114,863	0	93,040	21,823	114,863	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0409	0.0409	0.0409	0.0409		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	102,493	0	73,196	29,297	102,493	11.00
11.01	Uncompensated care payments	36.00	696,395	0	0	696,395	696,395	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	0	12.00
13.00	Subtotal (see instructions)	47.00	11,393,803	0	7,641,928	3,751,875	11,393,803	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	11,508,666	0	7,734,968	3,773,698	11,508,666	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	860,832	0	618,296	242,536	860,832	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
8/28/2020 11:57 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	8,353,264	4,016,234	12,369,498
		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	810,727	0	582,247	228,480	810,727
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	1,705	0	1,289	416	1,705
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0597	0.0597	0.0597	0.0597	
23.00	Indirect medical education adjustment (see instructions)	6.00	48,400	0	34,760	13,640	48,400
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0
26.00	Total prospective capital payments (see instructions)	12.00	860,832	0	618,296	242,536	860,832
		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				0.091670	0.092420	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			765,744		765,744
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				371,180	371,180
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
8/28/2020 11:57 am

		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	7,158,496	7,158,496		7,158,496	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,865,196		2,865,196	2,865,196	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	94,911	94,911		94,911	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	34,778		34,778	34,778	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	2,607,621	2,112,196	495,425	2,607,621	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.082505	0.082505	0.082505		5.00
6.00	IME payment adjustment (see instructions)	22.00	441,534	315,325	126,209	441,534	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	114,863	93,040	21,823	114,863	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	441,534	315,325	126,209	441,534	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	114,863	93,040	21,823	114,863	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0409	0.0409	0.0409		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	102,493	73,196	29,297	102,493	11.00
11.01	Uncompensated care payments	36.00	696,395	496,126	200,235	696,361	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	11,393,803	8,138,088	3,255,715	11,393,803	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	11,508,666	8,231,128	3,277,538	11,508,666	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	860,832	618,296	242,536	860,832	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			8,849,424	3,520,074	12,369,498	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
8/28/2020 11:57 am

		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	810,727	582,247	228,480	810,727	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	1,705	1,289	416	1,705	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	0.0597	0.0597	0.0597		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	48,400	34,760	13,640	48,400	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	860,832	618,296	242,536	860,832	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	765,744	765,744		765,744	28.00
29.00	Low volume adjustment on or after October 1	70.97	371,180		371,180	371,180	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	143,602	98,105	45,497	143,602	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	-37,798	-35,793	-2,005	-37,798	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: 52-0028	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 8/28/2020 11:57 am
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		186,767	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		26,109,650	2.00
3.00	OPPS payments		22,848,118	3.00
4.00	Outlier payment (see instructions)		521,480	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		20,211	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		186,767	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		381,540	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)		381,540	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)		381,540	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		194,773	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)		186,767	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)		23,389,809	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)		4,741,334	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)		18,835,242	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		130,012	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)		18,965,254	30.00
31.00	Primary payer payments		10,130	31.00
32.00	Subtotal (line 30 minus line 31)		18,955,124	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)		490,242	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		318,657	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		485,326	36.00
37.00	Subtotal (see instructions)		19,273,781	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-72	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)		19,273,853	40.00
40.01	Sequestration adjustment (see instructions)		385,477	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		18,454,874	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)		433,502	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
8/28/2020 11:57 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		12,095,255		18,351,216	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	12/31/2019	257,336	08/28/2019	8,961	3.01
3.02		08/28/2019	187,774	12/31/2019	94,697	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)		445,110		103,658	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)		12,540,365		18,454,874	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		312,100		433,502	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		12,852,465		18,888,376	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 52-0028	Period: From 01/01/2019 To 12/31/2019	Worksheet E-1 Part II Date/Time Prepared: 8/28/2020 11:57 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0028	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part VII Date/Time Prepared: 8/28/2020 11:57 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		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		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		32.00
33.00	Coinsurance		0		33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 52-0028	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 8/28/2020 11:57 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			1.10	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			1.10	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			8.17	6.00
7.00	Enter the lesser of line 5 or line 6			1.10	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	8.17	0.00	8.17	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	1.10	0.00	1.10	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	1.10	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	1.10	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.89	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	1.03	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	1.06	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	1.86	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	3.95	0.00		17.00
18.00	Per resident amount	90,225.60	0.00		18.00
19.00	Approved amount for resident costs	356,391	0	356,391	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			7.07	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			356,391	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	4,006	1,086		26.00
27.00	Total Inpatient Days (see instructions)	8,263	8,263		27.00
28.00	Ratio of inpatient days to total inpatient days	0.484812	0.131429		28.00
29.00	Program direct GME amount	172,783	46,840	219,623	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		3,279	3,279	30.00
31.00	Net Program direct GME amount			216,344	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 52-0028	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 8/28/2020 11:57 am	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			17,468,451	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			17,468,451	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			26,316,628	42.00
43.00	Primary payer payments (see instructions)			10,130	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			26,306,498	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			43,774,949	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.399051	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.600949	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			216,344	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			86,332	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			130,012	50.00

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

Provider CCN: 52-0028

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

Worksheet G

Date/Time Prepared:
8/28/2020 11:57 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	17,959,708	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	29,281,361	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,728,914	0	0	0	7.00
8.00	Prepaid expenses	2,587,554	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)	52,557,537	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,050,000	0	0	0	12.00
13.00	Land improvements	2,924,252	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	125,175,202	0	0	0	15.00
16.00	Accumulated depreciation	0	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	19,401,259	0	0	0	23.00
24.00	Accumulated depreciation	-16,687,717	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)	133,862,996	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	122,433,817	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,428,012	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	123,861,829	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	310,282,362	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,568,473	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,706,612	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	10,669,478	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	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	19,944,563	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	64,193,805	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	12,080,563	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	76,274,368	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	96,218,931	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	214,063,431				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)	214,063,431	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	310,282,362	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 52-0028

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

Worksheet G-1

Date/Time Prepared:
8/28/2020 11:57 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		194,809,449		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		19,253,982				2.00
3.00	Total (sum of line 1 and line 2)		214,063,431		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)		214,063,431		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		214,063,431		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	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
8/28/2020 11:57 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	15,218,621		15,218,621	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	15,218,621		15,218,621	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,867,161		2,867,161	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	2,867,161		2,867,161	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	18,085,782		18,085,782	17.00
18.00	Ancillary services	346,562,897	0	346,562,897	18.00
19.00	Outpatient services	0	173,477,633	173,477,633	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		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	HHA	0	7,488,956	7,488,956	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	364,648,679	180,966,589	545,615,268	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		181,237,821		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)		181,237,821		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 52-0028

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

Worksheet G-3

Date/Time Prepared:
8/28/2020 11:57 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	545,615,268	1.00
2.00	Less contractual allowances and discounts on patients' accounts	364,904,522	2.00
3.00	Net patient revenues (line 1 minus line 2)	180,710,746	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	181,237,821	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-527,075	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 REV	19,781,057	24.00
25.00	Total other income (sum of lines 6-24)	19,781,057	25.00
26.00	Total (line 5 plus line 25)	19,253,982	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)	19,253,982	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 52-0028

Period:

Worksheet H

HHA CCN: 52-7157

From 01/01/2019

Date/Time Prepared:

To 12/31/2019

8/28/2020 11:57 am

Home Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		5,324	5,324	1.00
2.00	Capital Related - Movable Equipment		0		4,261	4,261	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	307,344	87,601	0	0	11,090	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	802,809	190,788	66,723	72,787	22,475	6.00
7.00	Physical Therapy	138,609	35,328	12,730	0	0	7.00
8.00	Occupational Therapy	81,405	20,721	7,462	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	34,390	15,527	6,584	0	2,218	11.00
12.00	Supplies (see instructions)	0	0	0	0	35,842	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,364,557	349,965	93,499	72,787	81,210	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	5,324	0	5,324		1.00
2.00	Capital Related - Movable Equipment	0	4,261	0	4,261		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	-96,561	309,474	0	309,474		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	-190,788	964,794	0	964,794		6.00
7.00	Physical Therapy	-35,328	151,339	0	151,339		7.00
8.00	Occupational Therapy	-20,721	88,867	0	88,867		8.00
9.00	Speech Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Home Health Aide	-15,527	43,192	0	43,192		11.00
12.00	Supplies (see instructions)	0	35,842	0	35,842		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Telemedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	-358,925	1,603,093	0	1,603,093		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: 52-0028

Period:

Worksheet H-1

HHA CCN: 52-7157

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/28/2020 11:57 amHome Health
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		Capital Related Costs		Plant Operation & Maintenance		Agency 1		
						Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	5,324	5,324				0	1.00
2.00	Capital Related - Movable Equipment	4,261		4,261			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	309,474	5,324	4,261	0	0	319,059	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	964,794	0	0	0	0	964,794	6.00
7.00	Physical Therapy	151,339	0	0	0	0	151,339	7.00
8.00	Occupational Therapy	88,867	0	0	0	0	88,867	8.00
9.00	Speech Pathology	0	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	43,192	0	0	0	0	43,192	11.00
12.00	Supplies (see instructions)	35,842	0	0	0	0	35,842	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,603,093	5,324	4,261	0	0	1,603,093	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	319,059						5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	239,734	1,204,528					6.00
7.00	Physical Therapy	37,605	188,944					7.00
8.00	Occupational Therapy	22,082	110,949					8.00
9.00	Speech Pathology	0	0					9.00
10.00	Medical Social Services	0	0					10.00
11.00	Home Health Aide	10,732	53,924					11.00
12.00	Supplies (see instructions)	8,906	44,748					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		1,603,093					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 52-0028

Period:

Worksheet H-1

HHA CCN: 52-7157

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/28/2020 11:57 amHome Health
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	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	9,153			0		1.00
2.00	Capital Related - Movable Equipment		9,153		0		2.00
3.00	Plant Operation & Maintenance	0	0	9,153	0		3.00
4.00	Transportation (see instructions)	0	0	0	93,499		4.00
5.00	Administrative and General	9,153	9,153	9,153	0	-319,059	1,284,034
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	66,723	0	964,794
7.00	Physical Therapy	0	0	0	12,730	0	151,339
8.00	Occupational Therapy	0	0	0	7,462	0	88,867
9.00	Speech Pathology	0	0	0	0	0	0
10.00	Medical Social Services	0	0	0	0	0	0
11.00	Home Health Aide	0	0	0	6,584	0	43,192
12.00	Supplies (see instructions)	0	0	0	0	0	35,842
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	9,153	9,153	9,153	93,499	-319,059	1,284,034
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	5,324	4,261	0	0		319,059
26.00	Unit Cost Multiplier	0.581667	0.465530	0.000000	0.000000		0.248482

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 52-0028

Period:

Worksheet H-2

HHA CCN: 52-7157

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/28/2020 11:57 amHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	5.01	5.02	
1.00	Administrative and General	0	138,327	445	285,629	489,105	10,435	1.00
2.00	Skilled Nursing Care	1,204,528	0	0	0	0	0	2.00
3.00	Physical Therapy	188,944	0	0	0	0	0	3.00
4.00	Occupational Therapy	110,949	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	53,924	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	44,748	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)	1,603,093	138,327	445	285,629	489,105	10,435	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
		5.03	5.04	5.05	5A.05	5.06	6.00	
1.00	Administrative and General	516	0	4,736	929,193	214,477	25,817	1.00
2.00	Skilled Nursing Care	0	0	0	1,204,528	278,031	0	2.00
3.00	Physical Therapy	0	0	0	188,944	43,612	0	3.00
4.00	Occupational Therapy	0	0	0	110,949	25,609	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	53,924	12,447	0	7.00
8.00	Supplies (see instructions)	0	0	0	44,748	10,329	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)	516	0	4,736	2,532,286	584,505	25,817	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 52-0028

Period:

Worksheet H-2

HHA CCN: 52-7157

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/28/2020 11:57 amHome Health
Agency I

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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	269,213	0	0	0	0	27,927	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)	269,213	0	0	0	0	27,927	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS Y & FRINGES APPRV	SERVICES-SALAR PRGM COSTS APPRV	
		14.00	15.00	16.00	17.00	21.00	22.00	
1.00	Administrative and General	15,270	0	0	8,088	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	15,270	0	0	8,088	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 52-0028

Period:

Worksheet H-2

HHA CCN: 52-7157

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/28/2020 11:57 amHome Health
Agency I

PPS

Cost Center Description		PARAMED ED PRGM- PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.00	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	1,489,985	0	1,489,985			1.00
2.00	Skilled Nursing Care	0	1,482,559	0	1,482,559	1,119,541	2,602,100	2.00
3.00	Physical Therapy	0	232,556	0	232,556	175,613	408,169	3.00
4.00	Occupational Therapy	0	136,558	0	136,558	103,121	239,679	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	66,371	0	66,371	50,119	116,490	7.00
8.00	Supplies (see instructions)	0	55,077	0	55,077	41,591	96,668	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	3,463,106	0	3,463,106	1,489,985	3,463,106	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.					0.755141		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: 52-0028

Period:

Worksheet H-2

HHA CCN: 52-7157

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/28/2020 11:57 amHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSI)	PURCHASING RECEIVING AND STORES (SUPPLY COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5.01	5.02	5.03	
1.00	Administrative and General	9,153	3,200	1,364,557	21	40	42,838	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)	9,153	3,200	1,364,557	21	40	42,838	20.00
21.00	Total cost to be allocated	138,327	445	285,629	489,105	10,435	516	21.00
22.00	Unit cost multiplier	15.112750	0.139062	0.209320	23,290.714286	260.875000	0.012045	22.00
Cost Center Description		ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	6.00	7.00	
1.00	Administrative and General	1,822,307	1,822,307	0	929,193	19	9,153	1.00
2.00	Skilled Nursing Care	0	0	0	1,204,528	0	0	2.00
3.00	Physical Therapy	0	0	0	188,944	0	0	3.00
4.00	Occupational Therapy	0	0	0	110,949	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	53,924	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	44,748	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)	1,822,307	1,822,307		2,532,286	19	9,153	20.00
21.00	Total cost to be allocated	0	4,736		584,505	25,817	269,213	21.00
22.00	Unit cost multiplier	0.000000	0.002599		0.230821	1,358.789474	29.412542	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 52-0028

Period:

Worksheet H-2

HHA CCN: 52-7157

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/28/2020 11:57 amHome Health
Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	1,945	1,945	21,232	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	1,945	1,945	21,232	20.00
21.00	Total cost to be allocated	0	0	0	0	27,927	15,270	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	14.358355	0.719197	22.00
Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY (ASSIGNED TIME)	
		15.00	16.00	17.00	SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ACCUM. COST)		
1.00	Administrative and General	0	0	25	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	25	0	0	0	20.00
21.00	Total cost to be allocated	0	0	8,088	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	323.520000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 52-0028

Period:

Worksheet H-3

HHA CCN: 52-7157

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/28/2020 11:57 am

				Title XVIII		Home Health Agency I	PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,602,100		2,602,100	5,681	458.04	1.00
2.00	Physical Therapy	3.00	408,169	0	408,169	1,906	214.15	2.00
3.00	Occupational Therapy	4.00	239,679	0	239,679	1,006	238.25	3.00
4.00	Speech Pathology	5.00	0	0	0	76	0.00	4.00
5.00	Medical Social Services	6.00	0		0	136	0.00	5.00
6.00	Home Health Aide	7.00	116,490		116,490	734	158.71	6.00
7.00	Total (sum of lines 1-6)		3,366,438	0	3,366,438	9,539		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		27500	0	72			8.00
8.01	Skilled Nursing Care		31540	0	1,800			8.01
8.02	Skilled Nursing Care		40420	0	10			8.02
8.03	Skilled Nursing Care		50184	0	0			8.03
8.04	Skilled Nursing Care		99915	0	1,031			8.04
8.05	Skilled Nursing Care		99914	0	129			8.05
8.06	Skilled Nursing Care		99952	0	271			8.06
9.00	Physical Therapy		27500	0	16			9.00
9.01	Physical Therapy		31540	0	534			9.01
9.02	Physical Therapy		40420	0	0			9.02
9.03	Physical Therapy		50184	0	0			9.03
9.04	Physical Therapy		99915	0	292			9.04
9.05	Physical Therapy		99914	0	45			9.05
9.06	Physical Therapy		99952	0	104			9.06
10.00	Occupational Therapy		27500	0	9			10.00
10.01	Occupational Therapy		31540	0	299			10.01
10.02	Occupational Therapy		40420	0	0			10.02
10.03	Occupational Therapy		50184	0	0			10.03
10.04	Occupational Therapy		99915	0	160			10.04
10.05	Occupational Therapy		99914	0	28			10.05
10.06	Occupational Therapy		99952	0	54			10.06
11.00	Speech Pathology		27500	0	0			11.00
11.01	Speech Pathology		31540	0	20			11.01
11.02	Speech Pathology		40420	0	0			11.02
11.03	Speech Pathology		50184	0	0			11.03
11.04	Speech Pathology		99915	0	13			11.04
11.05	Speech Pathology		99914	0	13			11.05
11.06	Speech Pathology		99952	0	6			11.06
12.00	Medical Social Services		27500	0	0			12.00
12.01	Medical Social Services		31540	0	30			12.01
12.02	Medical Social Services		40420	0	0			12.02
12.03	Medical Social Services		50184	0	0			12.03
12.04	Medical Social Services		99915	0	33			12.04
12.05	Medical Social Services		99914	0	5			12.05
12.06	Medical Social Services		99952	0	4			12.06
13.00	Home Health Aide		27500	0	3			13.00
13.01	Home Health Aide		31540	0	103			13.01
13.02	Home Health Aide		40420	0	0			13.02
13.03	Home Health Aide		50184	0	0			13.03
13.04	Home Health Aide		99915	0	231			13.04
13.05	Home Health Aide		99914	0	0			13.05
13.06	Home Health Aide		99952	0	5			13.06
14.00	Total (sum of lines 8-13)			0	5,320			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 52-0028

Period:

Worksheet H-3

HHA CCN: 52-7157

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/28/2020 11:57 am

				Title XVIII		Home Health Agency I	PPS	
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total 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	96,668	0	96,668	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Cost Center Description		Program Visits			Cost of Services			
		Part A	Part B		Part A	Part B		
			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	
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	3,313		0	1,517,487		1.00
2.00	Physical Therapy	0	991		0	212,223		2.00
3.00	Occupational Therapy	0	550		0	131,038		3.00
4.00	Speech Pathology	0	52		0	0		4.00
5.00	Medical Social Services	0	72		0	0		5.00
6.00	Home Health Aide	0	342		0	54,279		6.00
7.00	Total (sum of lines 1-6)	0	5,320		0	1,915,027		7.00
Cost Center Description								
		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
8.04	Skilled Nursing Care							8.04
8.05	Skilled Nursing Care							8.05
8.06	Skilled Nursing Care							8.06
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
9.04	Physical Therapy							9.04
9.05	Physical Therapy							9.05
9.06	Physical Therapy							9.06
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
10.04	Occupational Therapy							10.04
10.05	Occupational Therapy							10.05
10.06	Occupational Therapy							10.06
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
11.04	Speech Pathology							11.04
11.05	Speech Pathology							11.05
11.06	Speech Pathology							11.06
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
12.04	Medical Social Services							12.04
12.05	Medical Social Services							12.05
12.06	Medical Social Services							12.06
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
13.04	Home Health Aide							13.04
13.05	Home Health Aide							13.05
13.06	Home Health Aide							13.06
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 52-0028

Period:

Worksheet H-3

HHA CCN: 52-7157

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/28/2020 11:57 am

Title XVIII

Home Health
Agency I

PPS

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	90,077	0	0	0	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	
Cost Center Description		Total Program Cost (sum of cols. 9-10)							
		12.00							
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	1,517,487						1.00	
2.00	Physical Therapy	212,223						2.00	
3.00	Occupational Therapy	131,038						3.00	
4.00	Speech Pathology	0						4.00	
5.00	Medical Social Services	0						5.00	
6.00	Home Health Aide	54,279						6.00	
7.00	Total (sum of lines 1-6)	1,915,027						7.00	
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
8.01	Skilled Nursing Care							8.01	
8.02	Skilled Nursing Care							8.02	
8.03	Skilled Nursing Care							8.03	
8.04	Skilled Nursing Care							8.04	
8.05	Skilled Nursing Care							8.05	
8.06	Skilled Nursing Care							8.06	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
9.02	Physical Therapy							9.02	
9.03	Physical Therapy							9.03	
9.04	Physical Therapy							9.04	
9.05	Physical Therapy							9.05	
9.06	Physical Therapy							9.06	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
10.02	Occupational Therapy							10.02	
10.03	Occupational Therapy							10.03	
10.04	Occupational Therapy							10.04	
10.05	Occupational Therapy							10.05	
10.06	Occupational Therapy							10.06	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
11.02	Speech Pathology							11.02	
11.03	Speech Pathology							11.03	
11.04	Speech Pathology							11.04	
11.05	Speech Pathology							11.05	
11.06	Speech Pathology							11.06	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
12.02	Medical Social Services							12.02	
12.03	Medical Social Services							12.03	
12.04	Medical Social Services							12.04	
12.05	Medical Social Services							12.05	
12.06	Medical Social Services							12.06	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
13.02	Home Health Aide							13.02	
13.03	Home Health Aide							13.03	
13.04	Home Health Aide							13.04	
13.05	Home Health Aide							13.05	
13.06	Home Health Aide							13.06	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 52-0028

Period:

Worksheet H-3

HHA CCN: 52-7157

From 01/01/2019

Part II

To 12/31/2019

Date/Time Prepared:

8/28/2020 11:57 am

Title XVIII

Home Health

PPS

Agency I

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	0.251298	0	0	0col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.212699	0	0	0col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.215390	0	0	0col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.103494	0	0	0col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.490590	0	0	0col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0028 HHA CCN: 52-7157	Period: From 01/01/2019 To 12/31/2019	Worksheet H-4 Part I-II Date/Time Prepared: 8/28/2020 11:57 am	
		Title XVIII	Home Health Agency I	PPS	
		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	933,490	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	71,355	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	29,987	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	5,449	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	19,085	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,059,366	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	1,059,366	24.00
25.00	Coinsurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		0	1,059,366	26.00
27.00	Reimbursable bad debts (from your records)				27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)				28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	1,059,366	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	0	30.99
31.00	Subtotal (see instructions)		0	1,059,366	31.00
31.01	Sequestration adjustment (see instructions)		0	21,206	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	1,039,073	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	-913	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: 52-0028

Period:

Worksheet H-5

HHA CCN: 52-7157

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/28/2020 11:57 amHome 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		1,039,073	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,039,073	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		913	6.02
7.00	Total Medicare program liability (see instructions)		0		1,038,160	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 52-0028

Period:

Worksheet 0

Hospice CCN: 52-1523

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/28/2020 11:57 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	394,622	394,622	-394,622	3.00
4.00	ADMINISTRATIVE & GENERAL*	274,173	174,105	448,278	-9,149	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	57,939	0	57,939	0	13.00
14.00	PHARMACY*	0	71,795	71,795	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	445,748	276,500	722,248	0	28.00
29.00	LPN/LVN**	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	114,956	1,308	116,264	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	483,534	17,736	501,270	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	333	333	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	2,890	2,890	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	10,136	10,136	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	1,376,350	949,425	2,325,775	-403,771	1,922,004

* 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: 52-0028

Period:

Worksheet 0

Hospice CCN: 52-1523

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/28/2020 11:57 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I	
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT*	0	0		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0		3.00
4.00	ADMINISTRATIVE & GENERAL*	0	439,129		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		6.00
7.00	HOUSEKEEPING*	0	0		7.00
8.00	DIETARY*	0	0		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	0		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	57,939		13.00
14.00	PHARMACY*	0	71,795		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	0		25.00
26.00	PHYSICIAN SERVICES**	0	0		26.00
27.00	NURSE PRACTITIONER**	0	0		27.00
28.00	REGISTERED NURSE**	0	722,248		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	116,264		33.00
34.00	SPIRITUAL COUNSELING**	0	0		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	501,270		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	333		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	2,890		46.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM *	0	0		60.00
61.00	VOLUNTEER PROGRAM *	0	10,136		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	0	1,922,004		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: 52-0028

Period:

Worksheet 0-2

Hospice CCN: 52-1523

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/28/2020 11:57 am

				Hospice I		07/20/2020 11:07 am	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						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	445,748	276,500	722,248	0	722,248	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	114,956	1,308	116,264	0	116,264	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	483,534	17,736	501,270	0	501,270	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	333	333	0	333	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	2,890	2,890	0	2,890	46.00
100.00	TOTAL *	1,044,238	298,767	1,343,005	0	1,343,005	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	722,248	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	116,264	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	501,270	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	333	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	2,890	46.00
100.00	TOTAL *	0	1,343,005	100.00

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

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

Provider CCN: 52-0028

Period:

Worksheet 0-5

Hospice CCN: 52-1523

From 01/01/2019

To 12/31/2019

Date/Time Prepared:
8/28/2020 11:57 am

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	2,992	2,992	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,628	1,628	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	288,097	288,097	3.00
4.00	ADMINISTRATIVE & GENERAL	439,129	1,028,031	1,467,160	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	33,441	33,441	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	2,619	2,619	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	57,939	0	57,939	13.00
14.00	PHARMACY	71,795	29,250	101,045	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	3,235	3,235	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,343,005	0	1,343,005	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	10,136	0	10,136	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	1,922,004	1,389,293	3,311,297	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/28/2020 11:57 am

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	2,992	2,992					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,628		1,628				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	288,097	0	0		288,097		3.00
4.00	ADMINISTRATIVE & GENERAL	1,467,160	2,992	1,628	0		1,471,780	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	33,441	0	0	0	0	33,441	9.00
10.00	ROUTINE MEDICAL SUPPLIES	2,619	0	0	0	0	2,619	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	57,939	0	0	0	0	57,939	13.00
14.00	PHARMACY	101,045	0	0	0	0	101,045	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0			3,235	17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0				0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,343,005				288,097	1,631,102	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	10,136	0	0	0	0	10,136	61.00
62.00	FUNDRAISING	0	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	99.00
100.00	TOTAL	3,311,297	2,992	1,628	288,097		3,311,297	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/28/2020 11:57 am

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	1,471,780						4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	0	0			0		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	26,756	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	2,095	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	46,356	0			0		13.00
14.00	PHARMACY	80,845	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	2,588	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	1,305,030						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0		0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0		0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0			0		60.00
61.00	VOLUNTEER PROGRAM	8,110	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	1,471,780	0		0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/28/2020 11:57 am

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	60,197				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	4,714			10.00
11.00	MEDICAL RECORDS	0		0		11.00
12.00	STAFF TRANSPORTATION	0			0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	104,295
14.00	PHARMACY	0			0	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0
16.00	OTHER GENERAL SERVICE	0			0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0
51.00	HOSPICE ROUTINE HOME CARE	60,197	4,714	0	0	0
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0
61.00	VOLUNTEER PROGRAM	0			0	104,295
62.00	FUNDRAISING	0			0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0
64.00	PALLIATIVE CARE PROGRAM	0			0	0
65.00	OTHER PHYSICIAN SERVICES	0			0	0
66.00	RESIDENTIAL CARE	0			0	0
67.00	ADVERTISING	0			0	0
68.00	TELEHEALTH/TELEMONITORING	0			0	0
69.00	THRIFT STORE	0			0	0
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	60,197	4,714	0	0	104,295

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/28/2020 11:57 am

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	181,890					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				5,823		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	181,890	0	0		3,182,933	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		122,541	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	5,823	5,823	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	0	0	0	0	0	99.00
100.00	TOTAL	181,890	0	0	5,823	3,311,297	100.00

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

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/28/2020 11:57 am

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	198					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		11,695				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,376,349			3.00
4.00	ADMINISTRATIVE & GENERAL	198	11,695	0	-1,471,780	1,839,517	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	33,441	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	2,619	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	57,939	13.00
14.00	PHARMACY	0	0	0	0	101,045	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	3,235	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			1,376,349	0	1,631,102	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	10,136	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	2,992	1,628	288,097		1,471,780	100.00
101.00	UNIT COST MULTIPLIER	15.111111	0.139205	0.209320		0.800090	101.00

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

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/28/2020 11:57 am

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	0					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		2,329	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		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					2,329	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0	0	60,197	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	0.000000	25.846715	101.00

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

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/28/2020 11:57 am

Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)		MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL							4.00
5.00	PLANT OPERATION & MAINTENANCE							5.00
6.00	LAUNDRY & LINEN SERVICE							6.00
7.00	HOUSEKEEPING							7.00
8.00	DIETARY							8.00
9.00	NURSING ADMINISTRATION							9.00
10.00	ROUTINE MEDICAL SUPPLIES	10,654						10.00
11.00	MEDICAL RECORDS		10,654					11.00
12.00	STAFF TRANSPORTATION				0			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	100		13.00
14.00	PHARMACY				0	0	137,046	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES				0	0	0	15.00
16.00	OTHER GENERAL SERVICE				0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES							17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	10,654	10,654	0	0	0	137,046	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM				0	0	0	60.00
61.00	VOLUNTEER PROGRAM				0	100	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)	4,714	0	0	104,295	181,890	100.00	
101.00	UNIT COST MULTIPLIER	0.442463	0.000000	0.000000	1,042.950000	1.327219	101.00	

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

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
8/28/2020 11:57 am

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			100		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	100		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0		5,823		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	58.230000		101.00

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

Provider CCN: 52-0028

Period:

Worksheet 0-7

Hospice CCN: 52-1523

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

Date/Time Prepared:
8/28/2020 11:57 am

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	0.251298	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.212699	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.215390	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.490590	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.200805	0	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.103494	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	OTHER ANCILLARY SERVICE COST CENTERS	76.00					10.00
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
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
6.01	BLOOD LABORATORY	0	0	0	0	0	6.01
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	OTHER ANCILLARY SERVICE COST CENTERS						10.00
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 52-0028

Period:

Worksheet 0-8

Hospice CCN: 52-1523

From 01/01/2019
To 12/31/2019Date/Time Prepared:
8/28/2020 11:57 am

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			3,182,933	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			10,654	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			298.75	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	10,654	0		9.00
10.00	Program cost (line 8 times line 9)	3,182,883	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)			0	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			0	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			0.00	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	0	0		14.00
15.00	Program cost (line 13 times line 14)	0	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)			0	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			0	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			0.00	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	0	0		19.00
20.00	Program cost (line 18 times line 19)	0	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			3,182,933	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			10,654	22.00
23.00	Average cost per diem (line 21 divided by line 22)			298.75	23.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 52-0028

Period:
From 01/01/2019
To 12/31/2019Worksheet L
Parts I-III
Date/Time Prepared:
8/28/2020 11:57 am

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	810,727	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	1,705	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)	22.64	3.00
4.00	Number of interns & residents (see instructions)	4.65	4.00
5.00	Indirect medical education percentage (see instructions)	5.97	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	48,400	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)	860,832	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