

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0010	Period: From 10/01/2019 To 09/30/2020	Worksheet S Parts I-III Date/Time Prepared: 4/27/2021 10:08 am
--	-----------------------	---	---

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 4/27/2021	Time: 10:08 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 NORTHSHORE UNIVERSITY HEALTHSYSTEM (14-0010) for the cost reporting period beginning 10/01/2019 and ending 09/30/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) _____
Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-832,655	-430,129	0	0	1.00
2.00	Subprovider - IPF	0	45,992	9		0	2.00
3.00	Subprovider - IRF	0	-42,210	1		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	-828,873	-430,119	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 14-0010		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 4/27/2021 10:08 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2650 RIDGE AVENUE			PO Box:				1.00			
2.00	City: EVANSTON			State: IL		Zip Code: 60201		County: COOK			
		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		NORTHSHORE UNIVERSITY HEALTHSYSTEM		140010	16974	1	07/01/1966	N	P	O
4.00	Subprovider - IPF		PSYCHIATRY UNIT		14S010	16974	4	10/01/1983	N	P	O
5.00	Subprovider - IRF		REHABILITATION UNIT		14T010	16974	5	10/01/1983	N	P	O
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF		TRANSITIONAL CARE CENTER		145855	16974		11/27/1995	N	P	N
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA		HOME HEALTH		147001	16974		01/01/1966	N	P	N
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice		HOSPICE		141522	16974		07/01/1979			
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2019		09/30/2020		20.00
21.00	Type of Control (see instructions)						2				21.00
							1.00	2.00		3.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N				23.00
				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.			7,821	2,834	0	0	14,309	288		24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
4/27/2021 10:08 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.	245	119	0	0	244		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)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	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	Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.00	1		60.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
4/27/2021 10:08 am

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1	60.03
		Y/N	IME	Direct GME	
		1.00	2.00	3.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N		0.00	0.00 61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count
		1.00	2.00	3.00	4.00
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00 61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00 61.20
					1.00
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00 62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00 62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>					
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N 63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.					
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000 64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
4/27/2021 10:08 am

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00
			1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS					
	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		Y	N	0	71.00
	Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		Y	N	0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0010	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part I Date/Time Prepared: 4/27/2021 10:08 am	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	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.	N	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.	N	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.	N	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.	N	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0010	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part I Date/Time Prepared: 4/27/2021 10:08 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		0115.00
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:	3,233,841	33,813,057	-28,922,385118.01
		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)	N		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0010		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 4/27/2021 10:08 am		
1.00		2.00		3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name:	Contractor's Name:		Contractor's Number:				141.00		
142.00	Street:	PO Box:						142.00		
143.00	City:	State:		Zip Code:				143.00		
								1.00		
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00	
								1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N				146.00	
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00	
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital	N		N		N		N		155.00
156.00	Subprovider - IPF	N		N		N		N		156.00
157.00	Subprovider - IRF	N		N		N		N		157.00
158.00	SUBPROVIDER									158.00
159.00	SNF	N		N		N		N		159.00
160.00	HOME HEALTH AGENCY	N		N		N		N		160.00
161.00	CMHC			N		N		N		161.00
								1.00		
165.00	Multicampus Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							Y	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)	EVANSTON HOSPITAL	COOK	IL	60201	16974	2,236.00			166.00
166.01		GLENBROOK HOSPITAL	COOK	IL	60026	16974	887.00			166.01
166.02		HIGHLAND PARK HOSPITAL	LAKE	IL	60035	29404	791.00			166.02
166.03		SKOKIE HOSPITAL	COOK	IL	60076	16974	628.00			166.03
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00	
						Beginning	Ending			
						1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00	
						1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0010	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part II Date/Time Prepared: 4/27/2021 10:08 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	Y		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		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	02/08/2021	Y 02/08/2021
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0010	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part II Date/Time Prepared: 4/27/2021 10:08 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
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MARIA MONET	ABERIN	41.00
42.00	Enter the employer/company name of the cost report preparer.	NORTHSHORE UNIVERSITY HEALTHSYSTEM		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(847) 570-5128	MABERIN@NORTHSHORE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part II
Date/Time Prepared:
4/27/2021 10:08 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.	SR. REIMBURSEMENT ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
4/27/2021 10:08 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	627	229,449	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)		627	229,449	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	71	25,986	0.00	0	8.00
8.01 INFANT SPECIAL CARE UNIT (ISCU)	31.01	44	16,104	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	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)		742	271,539	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	33	12,078		0	16.00
17.00 SUBPROVIDER - IRF	41.00	15	5,300		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		790				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)		10	3,660			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
4/27/2021 10:08 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)	64,766	8,444	132,586			1.00
2.00	HMO and other (see instructions)	17,482	14,309				2.00
3.00	HMO IPF Subprovider	461	675				3.00
4.00	HMO IRF Subprovider	468	244				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)	64,766	8,444	132,586			7.00
8.00	INTENSIVE CARE UNIT	6,513	1,030	16,172			8.00
8.01	INFANT SPECIAL CARE UNIT (ISCU)	0	614	9,639			8.01
9.00	CORONARY CARE UNIT	0	0	0			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		567	8,899			13.00
14.00	Total (see instructions)	71,279	10,655	167,296	202.08	6,156.00	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,057	129	8,345	4.75	62.00	16.00
17.00	SUBPROVIDER - IRF	2,148	364	4,566	0.45	26.00	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	29,629	2,331	60,339	0.00	88.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	43.00	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				207.28	6,375.00	27.00
28.00	Observation Bed Days		2,293	18,543			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	288	1,539			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			213			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
4/27/2021 10:08 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	14,817	2,050	35,579	1.00
2.00 HMO and other (see instructions)			3,294	3,213		2.00
3.00 HMO IPF Subprovider				90		3.00
4.00 HMO IRF Subprovider				19		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
8.01 INFANT SPECIAL CARE UNIT (ISCU)						8.01
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	14,817	2,050	35,579	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	114	24	1,272	16.00
17.00 SUBPROVIDER - IRF	0.00	0	151	21	341	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
4/27/2021 10:08 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	630,654,874	0	630,654,874	13,260,918.00	47.56
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		19,264,690	0	19,264,690	79,983.00	240.86
4.01	Physicians - Part A - Teaching		4,814,114	0	4,814,114	23,494.00	204.91
5.00	Physician and Non Physician-Part B		42,230,357	0	42,230,357	411,070.00	102.73
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		17,547,581	0	17,547,581	435,001.00	40.34
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		30,246,328	3,760,621	34,006,949	872,576.00	38.97
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		22,684,428	0	22,684,428	648,798.00	34.96
12.00	Contract labor: Top level management and other management and administrative services		4,321,286	0	4,321,286	97,618.00	44.27
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		426,634	0	426,634	4,670.00	91.36
15.00	Home office: Physician Part A - Administrative		2,659,115	0	2,659,115	16,110.00	165.06
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		1,408,894	0	1,408,894	8,536.00	165.05
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)		110,046,442	0	110,046,442		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		7,754,468	0	7,754,468		
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		827,020	0	827,020		
22.01	Physician Part A - Teaching		242,927	0	242,927		
23.00	Physician Part B		4,250,441	0	4,250,441		
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)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
4/27/2021 10:08 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	34,842,971	1,059	34,844,030	242,966.00	143.41	26.00
27.00	Administrative & General	5.00	151,131,656	-23,853,334	127,278,322	1,948,732.00	65.31	27.00
28.00	Administrative & General under contract (see inst.)		19,810,435	0	19,810,435	232,690.00	85.14	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	639,582	0	639,582	11,225.00	56.98	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	8,701	0	8,701	429.00	20.28	32.00
33.00	Housekeeping under contract (see instructions)		11,701,817	0	11,701,817	569,437.00	20.55	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		3,257,627	0	3,257,627	143,291.00	22.73	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	6,243,061	1,059,437	7,302,498	146,610.00	49.81	38.00
39.00	Central Services and Supply	14.00	6,286,104	142,821	6,428,925	232,504.00	27.65	39.00
40.00	Pharmacy	15.00	16,639,268	72,981	16,712,249	353,328.00	47.30	40.00
41.00	Medical Records & Medical Records Library	16.00	3,924,241	5,756	3,929,997	124,877.00	31.47	41.00
42.00	Social Service	17.00	67,586	2,110,216	2,177,802	55,141.00	39.50	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part III
Date/Time Prepared:
4/27/2021 10:08 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)	600,832,701	0	600,832,701	13,336,771.00	45.05	1.00
2.00	Excluded area salaries (see instructions)	30,246,328	3,760,621	34,006,949	872,576.00	38.97	2.00
3.00	Subtotal salaries (line 1 minus line 2)	570,586,373	-3,760,621	566,825,752	12,464,195.00	45.48	3.00
4.00	Subtotal other wages & related costs (see inst.)	30,091,463	0	30,091,463	767,196.00	39.22	4.00
5.00	Subtotal wage-related costs (see inst.)	110,873,462	0	110,873,462	0.00	19.56	5.00
6.00	Total (sum of lines 3 thru 5)	711,551,298	-3,760,621	707,790,677	13,231,391.00	53.49	6.00
7.00	Total overhead cost (see instructions)	254,553,049	-20,461,064	234,091,985	4,061,230.00	57.64	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0010	Period: From 10/01/2019 To 09/30/2020	Worksheet S-3 Part IV Date/Time Prepared: 4/27/2021 10:08 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		25,610,418	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		6,666,672	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		4,673,830	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)		62,175,308	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		262,183	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		1,064,594	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)		10,724,649	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		2,694,037	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		38,797,634	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		2,332,736	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))		-35,537,398	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		3,656,635	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		123,121,298	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part V
Date/Time Prepared:
4/27/2021 10:08 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	22,684,428	123,121,298	1.00
2.00	Hospital	22,684,428	110,046,442	2.00
3.00	Subprovider - IPF	0	1,152,581	3.00
4.00	Subprovider - IRF	0	476,702	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	1,625,099	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	800,091	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	9,020,383	18.00

Health Financial Systems		NORTHSHORE UNIVERSITY HEALTHSYSTEM			In Lieu of Form CMS-2552-10		
HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 14-0010 Component CCN: 14-7001	Period: From 10/01/2019 To 09/30/2020	Worksheet S-4 Date/Time Prepared: 4/27/2021 10:08 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County	COOK AND LAKE				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	2,017	0	1,873	3,890	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	2,293.00	42.00	2,143.00	4,478.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.31	0.00	0.31	3.00
4.00	Director(s) and Assistant Director(s)			2.80	0.00	2.80	4.00
5.00	Other Administrative Personnel			28.89	0.00	28.89	5.00
6.00	Direct Nursing Service			37.11	0.00	37.11	6.00
7.00	Nursing Supervisor			1.27	0.00	1.27	7.00
8.00	Physical Therapy Service			22.23	0.00	22.23	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			3.23	0.00	3.23	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.55	0.00	0.55	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.31	0.00	0.31	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.87	0.00	1.87	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	16974					20.00
20.01		29404					20.01
		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	11,898	734	619	175	13,426	21.00
22.00	Skilled Nursing Visit Charges	2,502,360	154,560	130,200	36,750	2,823,870	22.00
23.00	Physical Therapy Visits	11,521	667	285	152	12,625	23.00
24.00	Physical Therapy Visit Charges	2,415,420	140,070	59,430	31,920	2,646,840	24.00
25.00	Occupational Therapy Visits	1,825	206	21	35	2,087	25.00
26.00	Occupational Therapy Visit Charges	382,830	43,260	3,990	7,350	437,430	26.00
27.00	Speech Pathology Visits	232	30	3	1	266	27.00
28.00	Speech Pathology Visit Charges	51,272	6,630	663	221	58,786	28.00
29.00	Medical Social Service Visits	136	4	6	6	152	29.00
30.00	Medical Social Service Visit Charges	34,272	1,008	1,512	1,512	38,304	30.00
31.00	Home Health Aide Visits	925	135	5	8	1,073	31.00
32.00	Home Health Aide Visit Charges	121,308	17,820	660	1,056	140,844	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	26,537	1,776	939	377	29,629	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)	5,507,462	363,348	196,455	78,809	6,146,074	35.00
36.00	Total Number of Episodes (standard/non outlier)	2,745		456	38	3,239	36.00
37.00	Total Number of Outlier Episodes		87		4	91	37.00
38.00	Total Non-Routine Medical Supply Charges	2,856	2,126	390	110	5,482	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0010

Period:

Worksheet S-9

Hospice CCN: 14-1522

From 10/01/2019
To 09/30/2020PARTS I THROUGH IV
Date/Time Prepared:
4/27/2021 10:08 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	46,276	2,239	2,612	51,127	11.00
12.00	Hospice Inpatient Respite Care	64	6	14	84	12.00
13.00	Hospice General Inpatient Care	862	76	100	1,038	13.00
14.00	Total Hospice Days	47,202	2,321	2,726	52,249	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0010	Period: From 10/01/2019 To 09/30/2020	Worksheet S-10 Date/Time Prepared: 4/27/2021 10:08 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)			0.276456 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	68,901,738		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	382,721,699		6.00
7.00	Medicaid cost (line 1 times line 6)	105,805,710		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)	36,903,972		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	170,717		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)	36,903,972		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)	70,105,519	8,818,983	78,924,502 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	19,381,091	8,818,983	28,200,074 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)	19,381,091	8,818,983	28,200,074 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)	36,521,626		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	2,974,058		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	4,575,474		27.01
28.00	Non-Medicare bad debt expense (see instructions)	31,946,152		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	10,433,121		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	38,633,195		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	75,537,167		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet A

Date/Time Prepared:
4/27/2021 10:08 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		47,391,781	47,391,781	8,047,183	55,438,964	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		30,167,372	30,167,372	0	30,167,372	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	34,842,971	-32,584,601	2,258,370	6,614	2,264,984	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	151,131,656	223,450,703	374,582,359	-44,102,927	330,479,432	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	639,582	54,827,526	55,467,108	-380	55,466,728	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,013,557	4,013,557	0	4,013,557	8.00
9.00	00900	HOUSEKEEPING	8,701	15,077,687	15,086,388	-3,429	15,082,959	9.00
10.00	01000	DIETARY	0	13,674,796	13,674,796	0	13,674,796	10.00
11.00	01100	CAFETERIA	0	3,713,708	3,713,708	0	3,713,708	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,243,061	3,396,528	9,639,589	1,499,653	11,139,242	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,286,104	13,185,898	19,472,002	-4,741,887	14,730,115	14.00
15.00	01500	PHARMACY	16,639,268	143,522,314	160,161,582	-138,140,092	22,021,490	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,924,241	1,968,021	5,892,262	8,149	5,900,411	16.00
17.00	01700	SOCIAL SERVICE	67,586	20,818	88,404	3,146,625	3,235,029	17.00
18.00	01800	SPECIFY SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	24,585,273	22,215,068	46,800,341	-11,362,392	35,437,949	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	1,305,381	360,571	1,665,952	-80,908	1,585,044	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	16,014	16,014	124,849	140,863	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	754,407	290,049	1,044,456	-1,475	1,042,981	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	112,217,025	57,888,407	170,105,432	-20,846,161	149,259,271	30.00
31.00	03100	INTENSIVE CARE UNIT	20,862,396	7,667,278	28,529,674	-322,747	28,206,927	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	7,175,815	2,192,197	9,368,012	-18,020	9,349,992	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	4,826,806	1,441,134	6,267,940	16,601	6,284,541	40.00
41.00	04100	SUBPROVIDER - IRF	1,805,074	585,400	2,390,474	-10,118	2,380,356	41.00
43.00	04300	NURSERY	0	0	0	3,303,471	3,303,471	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,336,200	82,686,822	113,023,022	-63,077,159	49,945,863	50.00
51.00	05100	RECOVERY ROOM	4,298,184	1,531,788	5,829,972	482,390	6,312,362	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,493,329	3,567,225	12,060,554	-2,044,429	10,016,125	52.00
53.00	05300	ANESTHESIOLOGY	1,573,721	4,470,523	6,044,244	-66,334	5,977,910	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,059,983	16,460,660	46,520,643	-4,849,713	41,670,930	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,013,810	1,699,353	5,713,163	4,785	5,717,948	55.00
56.00	05600	RADIOISOTOPE	2,915,927	3,406,133	6,322,060	301,634	6,623,694	56.00
57.00	05700	CT SCAN	3,933,950	2,438,832	6,372,782	-178,370	6,194,412	57.00
58.00	05800	MRI	4,620,339	2,143,172	6,763,511	-403,959	6,359,552	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,644,828	27,456,637	32,101,465	-24,789,394	7,312,071	59.00
60.00	06000	LABORATORY	23,888,544	39,768,339	63,656,883	-3,603,693	60,053,190	60.00
60.01	06001	VASCULAR LAB	1,516,795	420,587	1,937,382	71,778	2,009,160	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,376,421	2,270,020	3,646,441	-1,533,484	2,112,957	63.00
64.00	06400	INTRAVENOUS THERAPY	2,147,170	1,272,259	3,419,429	-409,259	3,010,170	64.00
65.00	06500	RESPIRATORY THERAPY	6,566,318	3,668,607	10,234,925	254,841	10,489,766	65.00
66.00	06600	PHYSICAL THERAPY	21,212,212	7,087,570	28,299,782	1,117,446	29,417,228	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,768,845	749,018	3,517,863	7,611	3,525,474	67.00
68.00	06800	SPEECH PATHOLOGY	1,082,861	275,994	1,358,855	12,670	1,371,525	68.00
69.00	06900	ELECTROCARDIOLOGY	4,288,439	1,492,712	5,781,151	301,450	6,082,601	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,800,883	776,906	2,577,789	100,630	2,678,419	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	53,143,796	53,143,796	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	55,855,801	55,855,801	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	138,218,903	138,218,903	73.00
74.00	07400	RENAL DIALYSIS	0	2,531,578	2,531,578	-2,943	2,528,635	74.00
75.00	07500	ASC (NON-DISTINCT PART)	7,103,424	2,678,279	9,781,703	853,669	10,635,372	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	558,435	238,120	796,555	28,198	824,753	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	26,552,631	38,899,269	65,451,900	53,977,996	119,429,896	90.00
91.00	09100	EMERGENCY	20,031,618	8,037,904	28,069,522	798,021	28,867,543	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	8,083,240	5,266,073	13,349,313	0	13,349,313	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet A

Date/Time Prepared:
4/27/2021 10:08 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	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		8,047,183	8,047,183	-8,047,183	0	113.00
116.00	11600	HOSPICE	4,031,016	3,096,023	7,127,039	0	7,127,039	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	621,214,470	886,919,812	1,508,134,282	-6,951,692	1,501,182,590	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	9,440,404	105,289,349	114,729,753	6,951,692	121,681,445	193.01
200.00		TOTAL (SUM OF LINES 118 through 199)	630,654,874	992,209,161	1,622,864,035	0	1,622,864,035	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet A

Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	55,438,964	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	30,167,372	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	17,278,336	19,543,320	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-60,326,235	270,153,197	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-1,076,965	54,389,763	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,013,557	8.00
9.00	00900	HOUSEKEEPING	0	15,082,959	9.00
10.00	01000	DIETARY	-84,592	13,590,204	10.00
11.00	01100	CAFETERIA	-2,972,021	741,687	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-114,181	11,025,061	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-3,546	14,726,569	14.00
15.00	01500	PHARMACY	-330	22,021,160	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,900,411	16.00
17.00	01700	SOCIAL SERVICE	0	3,235,029	17.00
18.00	01080	SPECIFY SERVICE	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-3,175,189	32,262,760	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	1,585,044	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	-57,095	83,768	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	-1,042,981	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-24,234,995	125,024,276	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,294,255	25,912,672	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	9,349,992	31.01
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	-8,967	6,275,574	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,380,356	41.00
43.00	04300	NURSERY	0	3,303,471	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-7,079,639	42,866,224	50.00
51.00	05100	RECOVERY ROOM	0	6,312,362	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-4,795	10,011,330	52.00
53.00	05300	ANESTHESIOLOGY	-279,058	5,698,852	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-404,806	41,266,124	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-3,979	5,713,969	55.00
56.00	05600	RADIOISOTOPE	-4,270	6,619,424	56.00
57.00	05700	CT SCAN	0	6,194,412	57.00
58.00	05800	MRI	-130,475	6,229,077	58.00
59.00	05900	CARDIAC CATHETERIZATION	-875,217	6,436,854	59.00
60.00	06000	LABORATORY	-1,660	60,051,530	60.00
60.01	06001	VASCULAR LAB	-123	2,009,037	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	2,112,957	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,010,170	64.00
65.00	06500	RESPIRATORY THERAPY	0	10,489,766	65.00
66.00	06600	PHYSICAL THERAPY	-49,075	29,368,153	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,525,474	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,371,525	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,082,601	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,678,419	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	53,143,796	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	55,855,801	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	138,218,903	73.00
74.00	07400	RENAL DIALYSIS	0	2,528,635	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	10,635,372	75.00
76.00	03950	BLANK	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-43,345	781,408	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-1,411,189	118,018,707	90.00
91.00	09100	EMERGENCY	-3,018,105	25,849,438	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-1,695	13,347,618	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-11,972	7,115,067	116.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet A

Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-91,432,419	1,409,750,171	118.00
NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	27,211,615	27,211,615	191.00
193.01	19301	NON-ALLOWABLE COST	0	121,681,445	193.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-64,220,804	1,558,643,231	200.00

RECLASSIFICATIONS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet A-6
Date/Time Prepared:
4/27/2021 10:08 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - NURSERY RECLASS					
1.00	NURSERY	43.00	2,412,071	891,400		1.00
2.00		0.00	0	0		2.00
	0		2,412,071	891,400		
	B - TRANSPORTATION RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	0	4,170,574		1.00
	0		0	4,170,574		
	C - LDRP ROOM CHARGES RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	699,014	282,544		1.00
	0		699,014	282,544		
	D - IMPLANT DEVICE RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	55,855,801		1.00
	0		0	55,855,801		
	E - INTEREST EXPENSE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,047,183		1.00
	0		0	8,047,183		
	F - PART A BONUS RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	24,776	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	2,952	0		2.00
3.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	1,854,120	0		3.00
4.00	LABORATORY	60.00	80,000	0		4.00
5.00	PHYSICAL THERAPY	66.00	6,667	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	116,667	0		6.00
7.00	RADIOISOTOPE	56.00	5,224	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	8,269	0		8.00
	0		2,098,675	0		
	G - PROVIDER BASED RECLASS					
1.00	CLINIC	90.00	32,575,800	21,696,461		1.00
	0		32,575,800	21,696,461		
	H - TEACHING PHYSICIAN RECLASS (I & R)					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	591,083	103,445		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
	0		591,083	103,445		
	I - ADMIN PHYSICIAN RECLASS (I & R)					
1.00	ADMINISTRATIVE & GENERAL	5.00	11,975,371	2,095,806		1.00
	0		11,975,371	2,095,806		
	J - GROUP STIPEND RECLASS					
1.00	NON-ALLOWABLE COST	193.01	41,666	0		1.00
	0		41,666	0		
	K - PHARMACY RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	138,218,903		1.00
	0		0	138,218,903		
	L - MEDICAL SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	108,999,597		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

RECLASSIFICATIONS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-6

Date/Time Prepared:
4/27/2021 10:08 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
0			0	108,999,597	
M - LAB EXPENSE TRANSFER					
1.00	NON-ALLOWABLE COST	193.01	1,087,002	2,150,225	1.00
2.00		0.00	0	0	2.00
0			1,087,002	2,150,225	
N - PARAMED - MEDICAL TECH EXPENSE					
1.00	PARAMED ED PRGM-MEDICAL TECH	23.01	100,048	24,801	1.00
2.00		0.00	0	0	2.00
0			100,048	24,801	
O - PARAMED ED PHARMACY					
1.00	PHARMACY	15.00	72,981	7,927	1.00
	TOTALS		72,981	7,927	
P - SOCIAL WORKER					
1.00	SOCIAL SERVICE	17.00	2,105,074	1,034,271	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
	TOTALS		2,105,074	1,034,271	
Q - COVID COST CENTER					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	40,325	16,762	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	981,081	409,874	2.00
3.00	NURSING ADMINISTRATION	13.00	1,059,437	440,386	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	144,044	59,876	4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	5,756	2,393	5.00
6.00	SOCIAL SERVICE	17.00	5,142	2,138	6.00
7.00	I&R SERVICES-OTHER PRGM	22.00	124,718	51,843	7.00
	COSTS APPRV				
8.00	ADULTS & PEDIATRICS	30.00	3,119,613	1,296,757	8.00
9.00	INTENSIVE CARE UNIT	31.00	438,984	182,476	9.00
10.00	SUBPROVIDER - IPF	40.00	15,718	6,534	10.00
11.00	OPERATING ROOM	50.00	2,403,665	999,152	11.00
12.00	RECOVERY ROOM	51.00	411,921	171,227	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	3,164	1,315	13.00
14.00	ANESTHESIOLOGY	53.00	170,919	71,047	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	989,322	411,240	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	3,451	1,435	16.00
17.00	RADIOISOTOPE	56.00	214,005	88,957	17.00
18.00	CT SCAN	57.00	62,228	25,867	18.00
19.00	MRI	58.00	142,310	59,155	19.00
20.00	CARDIAC CATHETERIZATION	59.00	233,213	96,941	20.00
21.00	LABORATORY	60.00	644,326	267,833	21.00
22.00	VASCULAR LAB	60.01	59,318	24,657	22.00
23.00	BLOOD STORING PROCESSING & TRANS.	63.00	14,628	6,081	23.00
24.00	INTRAVENOUS THERAPY	64.00	26,165	10,876	24.00
25.00	RESPIRATORY THERAPY	65.00	263,951	109,719	25.00
26.00	PHYSICAL THERAPY	66.00	986,734	410,164	26.00
27.00	OCCUPATIONAL THERAPY	67.00	15,476	6,433	27.00
28.00	SPEECH PATHOLOGY	68.00	10,494	4,362	28.00
29.00	ELECTROCARDIOLOGY	69.00	218,282	90,735	29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	88,634	36,843	30.00
31.00	ASC (NON-DISTINCT PART)	75.00	636,968	264,774	31.00
32.00	CARDIAC REHABILITATION	76.97	22,084	9,180	32.00

RECLASSIFICATIONS

Provider CCN: 14-0010

 Period:
 From 10/01/2019
 To 09/30/2020

Worksheet A-6

 Date/Time Prepared:
 4/27/2021 10:08 am

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
33.00	CLINIC	90.00	1,550,733	644,607		33.00
34.00	EMERGENCY	91.00	813,436	338,128		34.00
35.00	NON-ALLOWABLE COST	193.01	2,593,753	1,079,046		35.00
	TOTALS		18,513,998	7,698,813		
500.00	Grand Total: Increases		72,272,783	351,277,751		500.00

RECLASSIFICATIONS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-6

Date/Time Prepared:
4/27/2021 10:08 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - NURSERY RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	1,843,001	662,623	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	569,070	228,777	0	2.00
	0		2,412,071	891,400		
B - TRANSPORTATION RECLASS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,170,574	0	1.00
	0		0	4,170,574		
C - LDRP ROOM CHARGES RECLASS						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	699,014	282,544	0	1.00
	0		699,014	282,544		
D - IMPLANT DEVICE RECLASS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	55,855,801	0	1.00
	0		0	55,855,801		
E - INTEREST EXPENSE RECLASS						
1.00	INTEREST EXPENSE	113.00	0	8,047,183	11	1.00
	0		0	8,047,183		
F - PART A BONUS RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	2,098,675	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
	0		2,098,675	0		
G - PROVIDER BASED RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	32,575,800	21,696,461	0	1.00
	0		32,575,800	21,696,461		
H - TEACHING PHYSICIAN RECLASS (I & R)						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	64,042	11,207	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	195,543	34,222	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	37,163	6,504	0	3.00
4.00	SUBPROVIDER - IPF	40.00	4,585	802	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	520	91	0	5.00
6.00	LABORATORY	60.00	237,568	41,577	0	6.00
7.00	VASCULAR LAB	60.01	10,380	1,817	0	7.00
8.00	PHYSICAL THERAPY	66.00	11,667	2,042	0	8.00
9.00	ELECTROCARDIOLOGY	69.00	397	70	0	9.00
10.00	CLINIC	90.00	17,518	3,066	0	10.00
11.00	EMERGENCY	91.00	5,625	984	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	1,223	214	0	12.00
13.00	CARDIAC CATHETERIZATION	59.00	4,852	849	0	13.00
	0		591,083	103,445		
I - ADMIN PHYSICIAN RECLASS (I & R)						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	11,975,371	2,095,806	0	1.00
	0		11,975,371	2,095,806		
J - GROUP STIPEND RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	41,666	0	0	1.00
	0		41,666	0		
K - PHARMACY RECLASS						
1.00	PHARMACY	15.00	0	138,218,903	0	1.00
	0		0	138,218,903		
L - MEDICAL SUPPLIES RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	20,739	0	1.00
2.00	OPERATION OF PLANT	7.00	0	380	0	2.00
3.00	HOUSEKEEPING	9.00	0	3,429	0	3.00
4.00	NURSING ADMINISTRATION	13.00	0	170	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	773,796	0	5.00
6.00	PHARMACY	15.00	0	2,097	0	6.00
7.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	784	0	7.00
8.00	PARAMED ED PRGM-SCHOOL OF ANESTHESI	23.02	0	1,475	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	1,627,423	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	947,159	0	10.00
11.00	INFANT SPECIAL CARE UNIT (ISCU)	31.01	0	18,020	0	11.00
12.00	SUBPROVIDER - IPF	40.00	0	264	0	12.00
13.00	SUBPROVIDER - IRF	41.00	0	10,118	0	13.00
14.00	OPERATING ROOM	50.00	0	66,479,976	0	14.00
15.00	RECOVERY ROOM	51.00	0	100,758	0	15.00

RECLASSIFICATIONS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-6

Date/Time Prepared:
4/27/2021 10:08 am

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	269,503	0		16.00	
17.00	ANESTHESIOLOGY	53.00	0	308,300	0		17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,366,331	0		18.00	
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	101	0		19.00	
20.00	RADIOISOTOPE	56.00	0	6,552	0		20.00	
21.00	CT SCAN	57.00	0	266,465	0		21.00	
22.00	MRI	58.00	0	605,424	0		22.00	
23.00	CARDIAC CATHETERIZATION	59.00	0	25,113,847	0		23.00	
24.00	LABORATORY	60.00	0	1,359,170	0		24.00	
25.00	BLOOD STORING PROCESSING & TRANS.	63.00	0	1,149,654	0		25.00	
26.00	INTRAVENOUS THERAPY	64.00	0	446,300	0		26.00	
27.00	RESPIRATORY THERAPY	65.00	0	118,829	0		27.00	
28.00	PHYSICAL THERAPY	66.00	0	272,410	0		28.00	
29.00	OCCUPATIONAL THERAPY	67.00	0	14,298	0		29.00	
30.00	SPEECH PATHOLOGY	68.00	0	2,186	0		30.00	
31.00	ELECTROCARDIOLOGY	69.00	0	7,100	0		31.00	
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	24,847	0		32.00	
33.00	RENAL DIALYSIS	74.00	0	2,943	0		33.00	
34.00	ASC (NON-DISTINCT PART)	75.00	0	48,073	0		34.00	
35.00	CARDIAC REHABILITATION	76.97	0	3,066	0		35.00	
36.00	CLINIC	90.00	0	2,280,676	0		36.00	
37.00	EMERGENCY	91.00	0	346,934	0		37.00	
			0	108,999,597				
M - LAB EXPENSE TRANSFER								
1.00	LABORATORY	60.00	945,184	1,916,337	0		1.00	
2.00	BLOOD STORING PROCESSING & TRANS.	63.00	141,818	233,888	0		2.00	
			1,087,002	2,150,225				
N - PARAMED - MEDICAL TECH EXPENSE								
1.00	LABORATORY	60.00	76,960	19,056	0		1.00	
2.00	BLOOD STORING PROCESSING & TRANS.	63.00	23,088	5,745	0		2.00	
			100,048	24,801				
O - PARAMED ED PHARMACY								
1.00	PARAMED ED PRGM- PHARMACY	23.00	72,981	7,927	0		1.00	
	TOTALS		72,981	7,927				
P - SOCIAL WORKER								
1.00	ADMINISTRATIVE & GENERAL	5.00	1,898,102	1,003,851	0		1.00	
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	13,636	2,004	0		2.00	
3.00	ADULTS & PEDIATRICS	30.00	29,126	4,281	0		3.00	
4.00	CLINIC	90.00	164,210	24,135	0		4.00	
	TOTALS		2,105,074	1,034,271				
Q - COVID COST CENTER								
1.00	ADULTS & PEDIATRICS	30.00	18,513,998	7,698,813	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
8.00		0.00	0	0	0		8.00	
9.00		0.00	0	0	0		9.00	
10.00		0.00	0	0	0		10.00	
11.00		0.00	0	0	0		11.00	
12.00		0.00	0	0	0		12.00	
13.00		0.00	0	0	0		13.00	
14.00		0.00	0	0	0		14.00	
15.00		0.00	0	0	0		15.00	
16.00		0.00	0	0	0		16.00	
17.00		0.00	0	0	0		17.00	
18.00		0.00	0	0	0		18.00	
19.00		0.00	0	0	0		19.00	
20.00		0.00	0	0	0		20.00	
21.00		0.00	0	0	0		21.00	
22.00		0.00	0	0	0		22.00	
23.00		0.00	0	0	0		23.00	
24.00		0.00	0	0	0		24.00	
25.00		0.00	0	0	0		25.00	
26.00		0.00	0	0	0		26.00	
27.00		0.00	0	0	0		27.00	
28.00		0.00	0	0	0		28.00	
29.00		0.00	0	0	0		29.00	

RECLASSIFICATIONS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-6

Date/Time Prepared:
4/27/2021 10:08 am

	Decreases				wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
	TOTALS		18,513,998	7,698,813		
500.00	Grand Total: Decreases		72,272,783	351,277,751		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part I
Date/Time Prepared:
4/27/2021 10:08 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	73,118,372	338,910	0	338,910	0	1.00
2.00	Land Improvements	34,537,412	0	0	0	1,097,315	2.00
3.00	Buildings and Fixtures	1,718,939,667	144,383,343	0	144,383,343	18,439,694	3.00
4.00	Building Improvements	57,658,084	0	0	0	1,356,925	4.00
5.00	Fixed Equipment	357,717,069	52,495,344	0	52,495,344	29,117,171	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	87,147,790	1,564,337	0	1,564,337	351,884	7.00
8.00	Subtotal (sum of lines 1-7)	2,329,118,394	198,781,934	0	198,781,934	50,362,989	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	2,329,118,394	198,781,934	0	198,781,934	50,362,989	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	73,457,282	71,892,626				
2.00	Land Improvements	33,440,097	2,531,655				
3.00	Buildings and Fixtures	1,844,883,316	155,483,006				
4.00	Building Improvements	56,301,159	26,072,436				
5.00	Fixed Equipment	381,095,242	121,867,809				
6.00	Movable Equipment	0	0				
7.00	HIT designated Assets	88,360,243	23,451,165				
8.00	Subtotal (sum of lines 1-7)	2,477,537,339	401,298,697				
9.00	Reconciling Items	0	0				
10.00	Total (line 8 minus line 9)	2,477,537,339	401,298,697				

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part II
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	47,391,781	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	30,167,372	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	77,559,153	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	47,391,781				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	30,167,372				2.00
3.00	Total (sum of lines 1-2)	0	77,559,153				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part III
Date/Time Prepared:
4/27/2021 10:08 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	2,008,081,855	0	2,008,081,855	0.810515	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	469,455,486	0	469,455,486	0.189485	0	2.00
3.00	Total (sum of lines 1-2)	2,477,537,341	0	2,477,537,341	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	47,391,781	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	30,167,372	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	77,559,153	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	8,047,183	0	0	0	55,438,964	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	30,167,372	2.00
3.00	Total (sum of lines 1-2)	8,047,183	0	0	0	85,606,336	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8

Date/Time Prepared:
4/27/2021 10:08 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)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-111,092	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-31,359,417			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	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8

Date/Time Prepared:
4/27/2021 10:08 am

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
33.00	APNS.; CRNAS, AND PAS SALARY	A	-473,568	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 33.00
33.01	APNS.; CRNAS, AND PAS SALARY	A	0	PARAMED ED PRGM-SCHOOL OF ANESTHESI	23.02	0 33.01
33.02	APNS.; CRNAS, AND PAS SALARY	A	-761,381	ADULTS & PEDIATRICS	30.00	0 33.02
33.03	APNS.; CRNAS, AND PAS SALARY	A	-17,079	INTENSIVE CARE UNIT	31.00	0 33.03
33.04	APNS.; CRNAS, AND PAS SALARY	A	-7,079,639	OPERATING ROOM	50.00	0 33.04
33.05	APNS.; CRNAS, AND PAS SALARY	A	-40,323	MRI	58.00	0 33.05
33.06	APNS.; CRNAS, AND PAS SALARY	A	-282,884	RADIOLOGY-DIAGNOSTIC	54.00	0 33.06
33.07	APNS.; CRNAS, AND PAS SALARY	A	-875,217	CARDIAC CATHETERIZATION	59.00	0 33.07
33.08	APNS.; CRNAS, AND PAS SALARY	A	0	VASCULAR LAB	60.01	0 33.08
33.09	APNS.; CRNAS, AND PAS SALARY	A	0	PHYSICAL THERAPY	66.00	0 33.09
33.10	APNS.; CRNAS, AND PAS SALARY	A	0	ELECTROCARDIOLOGY	69.00	0 33.10
33.11	APNS.; CRNAS, AND PAS SALARY	A	-237,969	CLINIC	90.00	0 33.11
33.12	APNS.; CRNAS, AND PAS SALARY	A	-1,465,566	EMERGENCY	91.00	0 33.12
34.00	LOBBYING DUES	A	-193,733	ADMINISTRATIVE & GENERAL	5.00	0 34.00
35.00	MEDICAID TAX ASSESSMENT	A	-50,704,090	ADMINISTRATIVE & GENERAL	5.00	0 35.00
36.00	RESEARCH INSTITUTE EXPENSE	A	27,211,615	RESEARCH	191.00	0 36.00
37.00	OTHER REVENUE OFFSET_TUITION	B	-57,095	PARAMED ED PRGM-MEDICAL TECH	23.01	0 37.00
37.01	OTHER REVENUE OFFSET_TUITION	B	-1,042,926	PARAMED ED PRGM-SCHOOL OF ANESTHESI	23.02	0 37.01
37.02	OTHER REVENUE OFFSET_TUITION	B	-29,165	EMERGENCY	91.00	0 37.02
37.03	OTHER REVENUE OFFSET_TUITION	B	0	LABORATORY	60.00	0 37.03
37.04	OTHER REVENUE OFFSET_TUITION	B	-27,300	CLINIC	90.00	0 37.04
37.05	OTHER REVENUE OFFSET_TUITION	B	-278,989	ANESTHESIOLOGY	53.00	0 37.05
38.00	NON-ALLOWABLE CORPORATE EXPENSES	A	-3,078	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 38.00
38.01	NON-ALLOWABLE CORPORATE EXPENSES	A	-5,365,999	ADMINISTRATIVE & GENERAL	5.00	0 38.01
38.02	NON-ALLOWABLE CORPORATE EXPENSES	A	-46	NURSING ADMINISTRATION	13.00	0 38.02
38.03	NON-ALLOWABLE CORPORATE EXPENSES	A	-27	CENTRAL SERVICES & SUPPLY	14.00	0 38.03
38.04	NON-ALLOWABLE CORPORATE EXPENSES	A	-330	PHARMACY	15.00	0 38.04
38.05	NON-ALLOWABLE CORPORATE EXPENSES	A	-800,327	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 38.05
38.06	NON-ALLOWABLE CORPORATE EXPENSES	A	-55	PARAMED ED PRGM-SCHOOL OF ANESTHESI	23.02	0 38.06
38.07	NON-ALLOWABLE CORPORATE EXPENSES	A	-5,276	ADULTS & PEDIATRICS	30.00	0 38.07
38.08	NON-ALLOWABLE CORPORATE EXPENSES	A	-29	INTENSIVE CARE UNIT	31.00	0 38.08
38.09	NON-ALLOWABLE CORPORATE EXPENSES	A	-69	ANESTHESIOLOGY	53.00	0 38.09
38.10	NON-ALLOWABLE CORPORATE EXPENSES	A	-1,580	RADIOLOGY-THERAPEUTIC	55.00	0 38.10
38.11	NON-ALLOWABLE CORPORATE EXPENSES	A	0	RADIOISOTOPE	56.00	0 38.11
38.12	NON-ALLOWABLE CORPORATE EXPENSES	A	-44	LABORATORY	60.00	0 38.12
38.13	NON-ALLOWABLE CORPORATE EXPENSES	A	-203,063	CLINIC	90.00	0 38.13
38.14	NON-ALLOWABLE CORPORATE EXPENSES	A	-395	EMERGENCY	91.00	0 38.14
38.15	NON-ALLOWABLE CORPORATE EXPENSES	A	-1,695	HOME HEALTH AGENCY	101.00	0 38.15
39.00	INTEREST - RATE SWAP AGREEMENT	A	0	ADMINISTRATIVE & GENERAL	5.00	0 39.00
40.00	OTHER REVENUE OFFSET_CAFETERIA AND D	B	-2,972,021	CAFETERIA	11.00	0 40.00
40.01	OTHER REVENUE OFFSETA-OPERATION OF P	B	-45,150	OPERATION OF PLANT	7.00	0 40.01
40.02	OTHER REVENUE OFFSET_CAFETERIA AND D	B	-84,592	DIETARY	10.00	0 40.02
41.00	OTHER REVENUE OFFSET_OTHERS	B	-2,836,543	ADMINISTRATIVE & GENERAL	5.00	0 41.00
41.01	OTHER REVENUE OFFSET_OTHERS	B	-1,031,815	OPERATION OF PLANT	7.00	0 41.01
41.02	OTHER REVENUE OFFSET_OTHERS	B	-114,135	NURSING ADMINISTRATION	13.00	0 41.02
41.03	OTHER REVENUE OFFSET_OTHERS	B	-167,070	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 41.03

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8

Date/Time Prepared:
4/27/2021 10:08 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	
41.04	OTHER REVENUE OFFSET_OTHERS	B	-47,449	ADULTS & PEDIATRICS	30.00	0	41.04
41.05	OTHER REVENUE OFFSET_OTHERS	B	-3,095	DELIVERY ROOM & LABOR ROOM	52.00	0	41.05
41.06	OTHER REVENUE OFFSET_OTHERS	B	1,580	RADIOLOGY-DIAGNOSTIC	54.00	0	41.06
41.07	OTHER REVENUE OFFSET_OTHERS	B	-90,152	MRI	58.00	0	41.07
41.08	OTHER REVENUE OFFSET_OTHERS	B	-49,075	PHYSICAL THERAPY	66.00	0	41.08
41.09	OTHER REVENUE OFFSET_OTHERS	B	-41,545	CARDIAC REHABILITATION	76.97	0	41.09
41.10	OTHER REVENUE OFFSET_OTHERS	B	-824,139	CLINIC	90.00	0	41.10
41.11	OTHER REVENUE OFFSET_OTHERS	B	-38,823	EMERGENCY	91.00	0	41.11
42.00	CORPORATE INTEGRATION COSTS (LEGAL)	A	-3,356,146	ADMINISTRATIVE & GENERAL	5.00	0	42.00
43.00	HOSPICE ADJUSTMENT (ADDTL EXPENSE)	A	6,949	HOSPICE	116.00	0	43.00
44.00	ADDITIONAL NON-ALLOWABLE	A	-246,603	ADMINISTRATIVE & GENERAL	5.00	0	44.00
45.00	PATHOLOGY GROUP STIPEND-CLINICAL OFF	A	0	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	45.00
46.00	PATHOLOGY GROUP STIPEND_ADMIN AND TE	A	1,556,652	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	46.00
46.01	PATHOLOGY GROUP STIPEND_ADMIN AND TE	A	2,937,990	ADMINISTRATIVE & GENERAL	5.00	0	46.01
47.00	HOSPICE ADJUSTMENT	A	-18,921	HOSPICE	116.00	0	47.00
48.00	BENEFIT ADJUSTMENT DUE TO OVER ALLOC	A	17,451,130	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	48.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-64,220,804				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8-2

Date/Time Prepared:
4/27/2021 10:08 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	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	113,464	0	113,464	197,500	882	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	9,988	0	9,988	211,500	144	2.00
3.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	186,499	0	186,499	197,500	836	3.00
4.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	8,309	0	8,309	246,400	105	4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	2,938	0	2,938	169,700	48	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	1,763	0	1,763	271,900	48	6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	197	0	197	181,300	1	7.00
8.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	38,775	0	38,775	239,400	168	8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	6,323	0	6,323	260,300	71	9.00
10.00	14.00	CENTRAL SERVICES & SUPPLY	4,585	0	4,585	246,400	9	10.00
11.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	169,554	0	169,554	197,500	1,149	11.00
12.00	40.00	SUBPROVIDER - IPF	82	0	82	179,000	1	12.00
13.00	40.00	SUBPROVIDER - IPF	402	0	402	181,300	1	13.00
14.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	212,131	0	212,131	271,900	678	14.00
15.00	55.00	RADIOLOGY-THERAPEUTIC	3,706	0	3,706	271,900	10	15.00
16.00	56.00	AGGREGATE-RADIOISOTOPE	7,320	0	7,320	211,500	30	16.00
17.00	60.00	LABORATORY	3,751	0	3,751	211,500	21	17.00
18.00	60.01	VASCULAR LAB	360	0	360	246,400	2	18.00
19.00	66.00	PHYSICAL THERAPY	45	0	45	211,500	1	19.00
20.00	90.00	CLINIC	26	0	26	181,300	1	20.00
21.00	91.00	EMERGENCY	2,874	0	2,874	246,400	12	21.00
22.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	140,000	140,000	0	0	0	22.00
23.00	5.00	ADMINISTRATIVE & GENERAL	323,351	323,351	0	0	0	23.00
24.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	3,290,876	3,290,876	0	0	0	24.00
25.00	30.00	ADULTS & PEDIATRICS	23,360,435	23,360,435	0	0	0	25.00
26.00	31.00	INTENSIVE CARE UNIT	2,277,147	2,277,147	0	0	0	26.00
27.00	40.00	SUBPROVIDER - IPF	8,652	8,652	0	0	0	27.00
28.00	52.00	DELIVERY ROOM & LABOR ROOM	1,700	1,700	0	0	0	28.00
29.00	76.97	CARDIAC REHABILITATION	1,800	1,800	0	0	0	29.00
30.00	90.00	CLINIC	118,718	118,718	0	0	0	30.00
31.00	91.00	EMERGENCY	1,482,703	1,482,703	0	0	0	31.00
200.00			31,778,474	31,005,382	773,092		4,218	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8-2

Date/Time Prepared:
4/27/2021 10:08 am

	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	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	83,748	4,187	0	0	0	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	14,642	732	0	0	0	2.00
3.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	79,380	3,969	0	0	0	3.00
4.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	12,439	622	0	0	0	4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	3,916	196	0	0	0	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	6,275	314	0	0	0	6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	87	4	0	0	0	7.00
8.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	19,336	967	0	0	0	8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	8,885	444	0	0	0	9.00
10.00	14.00	CENTRAL SERVICES & SUPPLY	1,066	53	0	0	0	10.00
11.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	109,100	5,455	0	0	0	11.00
12.00	40.00	SUBPROVIDER - IPF	86	4	0	0	0	12.00
13.00	40.00	SUBPROVIDER - IPF	87	4	0	0	0	13.00
14.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOST IC	88,629	4,431	0	0	0	14.00
15.00	55.00	RADIOLOGY-THERAPEUTIC	1,307	65	0	0	0	15.00
16.00	56.00	AGGREGATE-RADIOISOTOPE	3,050	153	0	0	0	16.00
17.00	60.00	LABORATORY	2,135	107	0	0	0	17.00
18.00	60.01	VASCULAR LAB	237	12	0	0	0	18.00
19.00	66.00	PHYSICAL THERAPY	102	5	0	0	0	19.00
20.00	90.00	CLINIC	87	4	0	0	0	20.00
21.00	91.00	EMERGENCY	1,421	71	0	0	0	21.00
22.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	22.00
23.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	23.00
24.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	24.00
25.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	25.00
26.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	26.00
27.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	27.00
28.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	28.00
29.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	29.00
30.00	90.00	CLINIC	0	0	0	0	0	30.00
31.00	91.00	EMERGENCY	0	0	0	0	0	31.00
200.00			436,015	21,799	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8-2

Date/Time Prepared:
4/27/2021 10:08 am

	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	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	0	83,748	29,716	29,716		1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	14,642	0	0		2.00
3.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	79,380	107,119	107,119		3.00
4.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	12,439	0	0		4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	0	3,916	0	0		5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	0	6,275	0	0		6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	0	87	110	110		7.00
8.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	19,336	19,439	19,439		8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	0	8,885	0	0		9.00
10.00	14.00	CENTRAL SERVICES & SUPPLY	0	1,066	3,519	3,519		10.00
11.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	109,100	60,454	60,454		11.00
12.00	40.00	SUBPROVIDER - IPF	0	86	0	0		12.00
13.00	40.00	SUBPROVIDER - IPF	0	87	315	315		13.00
14.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOST IC	0	88,629	123,502	123,502		14.00
15.00	55.00	RADIOLOGY-THERAPEUTIC	0	1,307	2,399	2,399		15.00
16.00	56.00	AGGREGATE-RADIOISOTOPE	0	3,050	4,270	4,270		16.00
17.00	60.00	LABORATORY	0	2,135	1,616	1,616		17.00
18.00	60.01	VASCULAR LAB	0	237	123	123		18.00
19.00	66.00	PHYSICAL THERAPY	0	102	0	0		19.00
20.00	90.00	CLINIC	0	87	0	0		20.00
21.00	91.00	EMERGENCY	0	1,421	1,453	1,453		21.00
22.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	140,000		22.00
23.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	323,351		23.00
24.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	3,290,876		24.00
25.00	30.00	ADULTS & PEDIATRICS	0	0	0	23,360,435		25.00
26.00	31.00	INTENSIVE CARE UNIT	0	0	0	2,277,147		26.00
27.00	40.00	SUBPROVIDER - IPF	0	0	0	8,652		27.00
28.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,700		28.00
29.00	76.97	CARDIAC REHABILITATION	0	0	0	1,800		29.00
30.00	90.00	CLINIC	0	0	0	118,718		30.00
31.00	91.00	EMERGENCY	0	0	0	1,482,703		31.00
200.00			0	436,015	354,035	31,359,417		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	55,438,964	55,438,964			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	30,167,372	30,167,372			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	19,543,320	461,510	1,297	20,006,127	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	270,153,197	17,050,311	14,783,402	4,273,743	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	54,389,763	13,124,345	119,455	21,476	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,013,557	88,954	0	0	8.00
9.00	00900	HOUSEKEEPING	15,082,959	381,790	243,207	292	9.00
10.00	01000	DIETARY	13,590,204	503,807	133,176	0	10.00
11.00	01100	CAFETERIA	741,687	424,330	12,689	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	11,025,061	119,073	479,789	245,203	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,726,569	0	0	215,870	14.00
15.00	01500	PHARMACY	22,021,160	0	0	561,164	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,900,411	188,141	0	131,961	16.00
17.00	01700	SOCIAL SERVICE	3,235,029	78,707	0	73,126	17.00
18.00	01800	SPECIFY SERVICE	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	32,262,760	627,821	9,245	509,250	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	1,585,044	15,188	0	41,382	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	83,768	20,116	0	3,359	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	1,080	0	25,331	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	125,024,276	3,455,271	552,826	3,210,750	30.00
31.00	03100	INTENSIVE CARE UNIT	25,912,672	610,109	231,292	715,357	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	9,349,992	132,736	47,092	240,950	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	6,275,574	233,178	366	162,448	40.00
41.00	04100	SUBPROVIDER - IRF	2,380,356	114,699	12,425	60,611	41.00
43.00	04300	NURSERY	3,303,471	28,553	0	80,993	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	42,866,224	1,559,414	4,265,358	1,099,339	50.00
51.00	05100	RECOVERY ROOM	6,312,362	247,300	36,091	158,156	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,011,330	586,443	83,427	242,716	52.00
53.00	05300	ANESTHESIOLOGY	5,698,852	66,692	359,869	58,582	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,266,124	1,604,789	2,139,119	1,046,474	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,713,969	294,497	433,909	134,892	55.00
56.00	05600	RADIOISOTOPE	6,619,424	264,621	189,977	105,272	56.00
57.00	05700	CT SCAN	6,194,412	133,289	372,103	134,184	57.00
58.00	05800	MRI	6,229,077	297,130	522,196	159,920	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,436,854	314,815	569,864	163,632	59.00
60.00	06000	LABORATORY	60,051,530	781,914	1,200,963	784,152	60.00
60.01	06001	VASCULAR LAB	2,009,037	56,324	12,093	52,574	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	2,112,957	41,257	56,440	41,171	63.00
64.00	06400	INTRAVENOUS THERAPY	3,010,170	7,911	26,308	72,976	64.00
65.00	06500	RESPIRATORY THERAPY	10,489,766	62,372	255,281	229,347	65.00
66.00	06600	PHYSICAL THERAPY	29,368,153	980,680	59,547	745,228	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,525,474	52,476	0	93,492	67.00
68.00	06800	SPEECH PATHOLOGY	1,371,525	29,269	0	36,713	68.00
69.00	06900	ELECTROCARDIOLOGY	6,082,601	297,899	326,464	151,313	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,678,419	57,431	128,629	63,446	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	53,143,796	213,697	55,226	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,855,801	355,478	91,866	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	138,218,903	226,874	9,901	0	73.00
74.00	07400	RENAL DIALYSIS	2,528,635	41,487	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	10,635,372	683,834	16,936	259,907	75.00
76.00	03950	BLANK	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	781,408	68,595	7,614	19,493	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	118,018,707	4,923,504	1,458,856	2,031,383	90.00
91.00	09100	EMERGENCY	25,849,438	727,130	93,984	699,746	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	13,347,618	122,367	0	271,419	13,741,404
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	7,115,067	54,204	0	135,353	7,304,624
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,409,750,171	52,813,412	29,398,282	19,564,146	1,405,913,548
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	27,211,615	389,364	380,572	0	27,981,551
193.01	19301	NON-ALLOWABLE COST	121,681,445	2,236,188	388,518	441,981	124,748,132
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	1,558,643,231	55,438,964	30,167,372	20,006,127	1,558,643,231

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			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
5.00	00500	ADMINISTRATIVE & GENERAL	306,260,653					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	16,544,904	0	84,199,943			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,003,261	0	301,979	5,407,751		8.00
9.00	00900	HOUSEKEEPING	3,841,421	0	1,296,093	46,387	20,892,149	9.00
10.00	01000	DIETARY	3,479,230	0	1,710,311	9,754	432,582	10.00
11.00	01100	CAFETERIA	288,250	0	1,440,506	0	364,341	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,902,571	0	404,227	0	102,239	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,654,144	0	0	0	0	14.00
15.00	01500	PHARMACY	5,522,462	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,521,214	0	638,697	0	161,543	16.00
17.00	01700	SOCIAL SERVICE	828,250	0	267,193	0	67,580	17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	8,170,123	0	2,131,312	0	539,064	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	401,453	0	51,560	0	13,041	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	26,226	0	68,288	0	17,272	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	3,666	0	927	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,339,791	0	11,729,871	1,870,577	2,966,788	30.00
31.00	03100	INTENSIVE CARE UNIT	6,717,594	0	2,071,182	218,950	523,856	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	2,389,422	0	450,608	57,105	113,970	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	1,631,518	0	791,588	107,292	200,213	40.00
41.00	04100	SUBPROVIDER - IRF	628,022	0	389,378	43,155	98,484	41.00
43.00	04300	NURSERY	834,646	0	96,932	0	24,517	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,176,127	0	5,293,862	280,819	1,338,955	50.00
51.00	05100	RECOVERY ROOM	1,651,655	0	839,527	166,098	212,338	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,671,422	0	1,990,841	169,104	503,535	52.00
53.00	05300	ANESTHESIOLOGY	1,512,284	0	226,404	0	57,263	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,263,026	0	5,447,899	337,697	1,377,915	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,608,457	0	999,752	128,671	252,863	55.00
56.00	05600	RADIOISOTOPE	1,755,682	0	898,328	169,274	227,210	56.00
57.00	05700	CT SCAN	1,671,238	0	452,487	12,873	114,446	57.00
58.00	05800	MRI	1,762,781	0	1,008,689	83,418	255,123	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,830,482	0	1,068,727	139,275	270,309	59.00
60.00	06000	LABORATORY	15,362,153	0	2,654,424	42,815	671,373	60.00
60.01	06001	VASCULAR LAB	520,894	0	191,206	63,570	48,361	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	550,679	0	140,059	21,436	35,424	63.00
64.00	06400	INTRAVENOUS THERAPY	762,345	0	26,857	2,382	6,793	64.00
65.00	06500	RESPIRATORY THERAPY	2,699,019	0	211,738	0	53,554	65.00
66.00	06600	PHYSICAL THERAPY	7,618,553	0	3,329,190	72,870	842,038	66.00
67.00	06700	OCCUPATIONAL THERAPY	897,844	0	178,144	62,152	45,057	67.00
68.00	06800	SPEECH PATHOLOGY	351,539	0	99,361	0	25,131	68.00
69.00	06900	ELECTROCARDIOLOGY	1,677,178	0	1,011,301	124,078	255,784	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	716,018	0	194,964	52,739	49,311	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,061,974	0	725,455	0	183,486	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,768,822	0	1,206,769	0	305,223	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,858,518	0	770,185	0	194,800	73.00
74.00	07400	RENAL DIALYSIS	628,518	0	140,838	106,214	35,622	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,835,791	0	2,321,464	220,878	587,158	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	214,495	0	232,866	44,062	58,898	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	30,918,803	0	16,714,192	463,873	4,227,452	90.00
91.00	09100	EMERGENCY	6,693,352	0	2,468,443	290,233	624,333	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,360,433	0	415,410	0	105,068	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,786,331	0	184,010	0	46,541	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	268,910,915	0	75,286,783	5,407,751	18,637,781	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	6,842,832	0	1,321,804	0	334,318	191.00
193.01	19301	NON-ALLOWABLE COST	30,506,906	0	7,591,356	0	1,920,050	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	306,260,653	0	84,199,943	5,407,751	20,892,149	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	19,859,064					10.00
11.00	01100	CAFETERIA	0	3,271,803				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	44,016	0	15,322,179		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	18,596,583	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	37,491	0	0	255	16.00
17.00	01700	SOCIAL SERVICE	0	16,555	0	0	0	17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	63,864	0	77,728	1,057	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	10,865	0	0	1,084	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	812	0	0	206	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	2,850	0	0	51	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,200,920	684,676	0	5,761,606	6,971,758	30.00
31.00	03100	INTENSIVE CARE UNIT	793,860	133,644	0	1,515,701	626,948	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	32,280	48,125	0	641,258	160,640	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	1,023,722	38,943	0	233,185	14,847	40.00
41.00	04100	SUBPROVIDER - IRF	506,935	16,104	0	136,024	36,115	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	35,508	205,325	0	1,049,331	2,356,741	50.00
51.00	05100	RECOVERY ROOM	5,380	29,029	0	359,493	90,427	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	756,132	66,117	0	728,702	403,904	52.00
53.00	05300	ANESTHESIOLOGY	0	20,091	0	38,864	586,017	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	136,384	243,202	0	272,049	397,066	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,304	21,312	0	29,148	4,007	55.00
56.00	05600	RADIOISOTOPE	13,147	20,279	0	0	16,815	56.00
57.00	05700	CT SCAN	39,711	27,380	0	0	177,734	57.00
58.00	05800	MRI	16,073	31,257	0	29,148	55,573	58.00
59.00	05900	CARDIAC CATHETERIZATION	43,814	31,203	0	272,049	291,807	59.00
60.00	06000	LABORATORY	16,947	228,585	0	9,716	1,420,483	60.00
60.01	06001	VASCULAR LAB	0	9,508	0	0	1,592	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	10,935	0	0	42,869	63.00
64.00	06400	INTRAVENOUS THERAPY	0	13,689	0	213,753	112,314	64.00
65.00	06500	RESPIRATORY THERAPY	1,076	51,307	0	0	263,441	65.00
66.00	06600	PHYSICAL THERAPY	0	174,297	0	9,716	189,400	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	19,800	0	0	923	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,104	0	0	264	68.00
69.00	06900	ELECTROCARDIOLOGY	13,988	34,616	0	116,592	64,204	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13,341	0	0	9,069	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	27,393	0	0	571,416	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	42,411	0	0	950,532	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	106,078	0	0	189,120	73.00
74.00	07400	RENAL DIALYSIS	9,045	0	0	0	26,085	74.00
75.00	07500	ASC (NON-DISTINCT PART)	296,003	57,669	0	524,666	220,538	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,345	4,886	0	19,432	2,568	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	428,857	250,057	0	1,136,775	1,053,251	90.00
91.00	09100	EMERGENCY	483,633	147,136	0	1,544,849	1,020,950	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	54,900	0	378,925	1,993	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	27,029	0	184,605	767	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	19,859,064	3,073,881	0	15,283,315	18,334,831	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	97,742	0	0	36,670	191.00
193.01	19301	NON-ALLOWABLE COST	0	100,180	0	38,864	225,082	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	19,859,064	3,271,803	0	15,322,179	18,596,583	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE SPECIFY SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	28,104,786					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,579,713				16.00
17.00	01700	SOCIAL SERVICE	0	0	4,566,440			17.00
18.00	01800	SPECIFY SERVICE	0	0	0	0		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22,347	0	0	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	115	659,079	2,637,777	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	180	164,777	333,264	0	0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	260	91,388	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	1	36,271	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	15,990	122,781	0	0	41.00
43.00	04300	NURSERY	0	22,570	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,711	832,200	0	0	0	50.00
51.00	05100	RECOVERY ROOM	232	181,336	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	140	117,580	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	288,165	128,121	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,664	485,223	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	112	175,634	0	0	0	55.00
56.00	05600	RADIOISOTOPE	273	140,057	0	0	0	56.00
57.00	05700	CT SCAN	18,378	507,223	0	0	0	57.00
58.00	05800	MRI	18,530	295,967	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,409	267,205	35,080	0	0	59.00
60.00	06000	LABORATORY	1,264	731,029	0	0	0	60.00
60.01	06001	VASCULAR LAB	0	45,873	0	0	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	4,221	20,783	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,152	20,344	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,023	94,961	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	225	161,009	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	22,520	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	9,843	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1	226,476	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	21,013	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16	277,561	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27	461,714	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,650,761	1,218,221	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	9,152	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1	42,038	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2	3,805	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	83,219	479,369	363,875	0	0	90.00
91.00	09100	EMERGENCY	413	562,794	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,563	27,567	53,970	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE SPECIFY SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	60,592	23,020	997,346	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	19,156,650	8,579,713	4,566,440	0	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	7,362	0	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	8,940,774	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	28,104,786	8,579,713	4,566,440	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			INTERNS & RESIDENTS				PARAMED ED PRGM- PHARMACY	PARAMED ED PRGM-MEDICAL TECH	
			NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
				APPRV	APPRV				
			20.00	21.00	22.00		23.00	23.01	
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT							1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00	00500	ADMINISTRATIVE & GENERAL							5.00
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
12.00	01200	MAINTENANCE OF PERSONNEL							12.00
13.00	01300	NURSING ADMINISTRATION							13.00
14.00	01400	CENTRAL SERVICES & SUPPLY							14.00
15.00	01500	PHARMACY							15.00
16.00	01600	MEDICAL RECORDS & LIBRARY							16.00
17.00	01700	SOCIAL SERVICE							17.00
18.00	01080	SPECIFY SERVICE							18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS							19.00
20.00	02000	NURSING SCHOOL	0						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			44,414,571				22.00
23.00	02300	PARAMED ED PRGM- PHARMACY					2,119,617		23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH							23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI						220,047	23.02
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	24,696,235		0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	0	212,368		0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0		0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	0	1,008,746		0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	95,565		0	0	41.00
43.00	04300	NURSERY	0	0	0		0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	0	44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	7,201,387		0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0		0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	2,217,118		0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,601,252		0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	316,428		0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0		0	0	56.00
57.00	05700	CT SCAN	0	0	0		0	0	57.00
58.00	05800	MRI	0	0	0		0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		0	0	59.00
60.00	06000	LABORATORY	0	0	2,567,525		0	220,047	60.00
60.01	06001	VASCULAR LAB	0	0	0		0	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0		0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		0	0	66.00
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	1,295,443		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		2,119,617	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0		0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		0	0	75.00
76.00	03950	BLANK	0	0	0		0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	335,541		0	0	90.00
91.00	09100	EMERGENCY	0	0	2,866,963		0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0		0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	0	0		0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			INTERNS & RESIDENTS				PARAMED ED PRGM- PHARMACY	PARAMED ED PRGM-MEDICAL TECH	
			NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER				
				Y & FRINGES APPRV	PRGM COSTS APPRV				
			20.00	21.00	22.00		23.00	23.01	
		SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	0				0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	44,414,571		2,119,617	220,047	118.00
		NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0		0	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	0	0		0	0	193.01
200.00		Cross Foot Adjustments	0	0	0		0	0	200.00
201.00		Negative Cost Centers	0	0	0		0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	44,414,571		2,119,617	220,047	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01080	SPECIFY SERVICE					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
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	02300	PARAMED ED PRGM- PHARMACY					23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH					23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	33,905				23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	237,762,316	-24,696,235	213,066,081	30.00
31.00	03100	INTENSIVE CARE UNIT	0	40,569,386	0	40,569,386	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	13,968,194	-212,368	13,755,826	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	11,757,892	-1,008,746	10,749,146	40.00
41.00	04100	SUBPROVIDER - IRF	0	4,656,644	-95,565	4,561,079	41.00
43.00	04300	NURSERY	0	4,391,682	0	4,391,682	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	80,562,301	-7,201,387	73,360,914	50.00
51.00	05100	RECOVERY ROOM	0	10,289,424	0	10,289,424	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,331,393	0	18,331,393	52.00
53.00	05300	ANESTHESIOLOGY	33,905	11,292,227	-2,217,118	9,075,109	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	67,635,883	-1,601,252	66,034,631	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	10,117,955	-316,428	9,801,527	55.00
56.00	05600	RADIOISOTOPE	0	10,420,359	0	10,420,359	56.00
57.00	05700	CT SCAN	0	9,855,458	0	9,855,458	57.00
58.00	05800	MRI	0	10,764,882	0	10,764,882	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,737,525	0	11,737,525	59.00
60.00	06000	LABORATORY	0	86,744,920	-2,567,525	84,177,395	60.00
60.01	06001	VASCULAR LAB	0	3,011,032	0	3,011,032	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	3,078,231	0	3,078,231	63.00
64.00	06400	INTRAVENOUS THERAPY	0	4,278,994	0	4,278,994	64.00
65.00	06500	RESPIRATORY THERAPY	0	14,413,885	0	14,413,885	65.00
66.00	06600	PHYSICAL THERAPY	0	43,550,906	0	43,550,906	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,897,882	0	4,897,882	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,930,749	0	1,930,749	68.00
69.00	06900	ELECTROCARDIOLOGY	0	11,677,938	-1,295,443	10,382,495	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,984,380	0	3,984,380	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	68,260,020	0	68,260,020	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	73,038,643	0	73,038,643	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	195,562,978	0	195,562,978	73.00
74.00	07400	RENAL DIALYSIS	0	3,525,596	0	3,525,596	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	18,702,255	0	18,702,255	75.00
76.00	03950	BLANK	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,459,469	0	1,459,469	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	182,887,714	-335,541	182,552,173	90.00
91.00	09100	EMERGENCY	0	44,073,397	-2,866,963	41,206,434	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	18,142,233	0	18,142,233	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.02	24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	10,614,865	0	10,614,865		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	33,905	1,347,949,608	-44,414,571	1,303,535,037		118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	36,622,279	0	36,622,279		191.00
193.01	19301	NON-ALLOWABLE COST	0	174,071,344	0	174,071,344		193.01
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	33,905	1,558,643,231	-44,414,571	1,514,228,660		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/27/2021 10:08 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	461,510	1,297	462,807	462,807
5.00	00500	ADMINISTRATIVE & GENERAL	0	17,050,311	14,783,402	31,833,713	98,756
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	0	13,124,345	119,455	13,243,800	497
8.00	00800	LAUNDRY & LINEN SERVICE	0	88,954	0	88,954	0
9.00	00900	HOUSEKEEPING	0	381,790	243,207	624,997	7
10.00	01000	DIETARY	0	503,807	133,176	636,983	0
11.00	01100	CAFETERIA	0	424,330	12,689	437,019	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	119,073	479,789	598,862	5,674
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	4,995
15.00	01500	PHARMACY	0	0	0	0	12,985
16.00	01600	MEDICAL RECORDS & LIBRARY	0	188,141	0	188,141	3,054
17.00	01700	SOCIAL SERVICE	0	78,707	0	78,707	1,692
18.00	01080	SPECIFY SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	627,821	9,245	637,066	11,784
23.00	02300	PARAMED ED PRGM- PHARMACY	0	15,188	0	15,188	958
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	20,116	0	20,116	78
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	1,080	0	1,080	586
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	3,455,271	552,826	4,008,097	74,297
31.00	03100	INTENSIVE CARE UNIT	0	610,109	231,292	841,401	16,553
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	132,736	47,092	179,828	5,576
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	233,178	366	233,544	3,759
41.00	04100	SUBPROVIDER - IRF	0	114,699	12,425	127,124	1,403
43.00	04300	NURSERY	0	28,553	0	28,553	1,874
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,559,414	4,265,358	5,824,772	25,439
51.00	05100	RECOVERY ROOM	0	247,300	36,091	283,391	3,660
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	586,443	83,427	669,870	5,616
53.00	05300	ANESTHESIOLOGY	0	66,692	359,869	426,561	1,356
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,604,789	2,139,119	3,743,908	24,216
55.00	05500	RADIOLOGY-THERAPEUTIC	0	294,497	433,909	728,406	3,121
56.00	05600	RADIOISOTOPE	0	264,621	189,977	454,598	2,436
57.00	05700	CT SCAN	0	133,289	372,103	505,392	3,105
58.00	05800	MRI	0	297,130	522,196	819,326	3,701
59.00	05900	CARDIAC CATHETERIZATION	0	314,815	569,864	884,679	3,786
60.00	06000	LABORATORY	0	781,914	1,200,963	1,982,877	18,145
60.01	06001	VASCULAR LAB	0	56,324	12,093	68,417	1,217
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	41,257	56,440	97,697	953
64.00	06400	INTRAVENOUS THERAPY	0	7,911	26,308	34,219	1,689
65.00	06500	RESPIRATORY THERAPY	0	62,372	255,281	317,653	5,307
66.00	06600	PHYSICAL THERAPY	0	980,680	59,547	1,040,227	17,245
67.00	06700	OCCUPATIONAL THERAPY	0	52,476	0	52,476	2,163
68.00	06800	SPEECH PATHOLOGY	0	29,269	0	29,269	850
69.00	06900	ELECTROCARDIOLOGY	0	297,899	326,464	624,363	3,501
70.00	07000	ELECTROENCEPHALOGRAPHY	0	57,431	128,629	186,060	1,468
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	213,697	55,226	268,923	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	355,478	91,866	447,344	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	226,874	9,901	236,775	0
74.00	07400	RENAL DIALYSIS	0	41,487	0	41,487	0
75.00	07500	ASC (NON-DISTINCT PART)	0	683,834	16,936	700,770	6,014
76.00	03950	BLANK	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	68,595	7,614	76,209	451
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	4,923,504	1,458,856	6,382,360	47,007
91.00	09100	EMERGENCY	0	727,130	93,984	821,114	16,192
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	122,367	0	122,367	6,281

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/27/2021 10:08 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
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	54,204	0	54,204	3,132
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	52,813,412	29,398,282	82,211,694	452,579
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	389,364	380,572	769,936	0
193.01	19301	NON-ALLOWABLE COST	0	2,236,188	388,518	2,624,706	10,228
200.00		Cross Foot Adjustments				0	
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	0	55,438,964	30,167,372	85,606,336	462,807

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			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
5.00	00500	ADMINISTRATIVE & GENERAL	31,932,469					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	1,725,068		14,969,365			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	104,606	0	53,687	247,247		8.00
9.00	00900	HOUSEKEEPING	400,529	0	230,424	2,121	1,258,078	9.00
10.00	01000	DIETARY	362,765	0	304,065	446	26,049	10.00
11.00	01100	CAFETERIA	30,055	0	256,098	0	21,940	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	302,639	0	71,865	0	6,157	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	381,002	0	0	0	0	14.00
15.00	01500	PHARMACY	575,804	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	158,611	0	113,550	0	9,728	16.00
17.00	01700	SOCIAL SERVICE	86,358	0	47,503	0	4,070	17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	851,865	0	378,912	0	32,461	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	41,858	0	9,166	0	785	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	2,734	0	12,140	0	1,040	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	652	0	56	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,371,935	0	2,085,378	85,522	178,653	30.00
31.00	03100	INTENSIVE CARE UNIT	700,416	0	368,222	10,011	31,545	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	249,135	0	80,111	2,611	6,863	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	170,112	0	140,731	4,905	12,056	40.00
41.00	04100	SUBPROVIDER - IRF	65,481	0	69,225	1,973	5,930	41.00
43.00	04300	NURSERY	87,025	0	17,233	0	1,476	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,269,554	0	941,162	12,839	80,629	50.00
51.00	05100	RECOVERY ROOM	172,211	0	149,254	7,594	12,787	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	278,538	0	353,939	7,732	30,322	52.00
53.00	05300	ANESTHESIOLOGY	157,680	0	40,251	0	3,448	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,174,349	0	968,547	15,440	82,975	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	167,707	0	177,739	5,883	15,227	55.00
56.00	05600	RADIOISOTOPE	183,058	0	159,708	7,739	13,682	56.00
57.00	05700	CT SCAN	174,253	0	80,445	589	6,892	57.00
58.00	05800	MRI	183,798	0	179,328	3,814	15,363	58.00
59.00	05900	CARDIAC CATHETERIZATION	190,857	0	190,002	6,368	16,277	59.00
60.00	06000	LABORATORY	1,601,748	0	471,913	1,958	40,429	60.00
60.01	06001	VASCULAR LAB	54,311	0	33,993	2,906	2,912	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	57,417	0	24,900	980	2,133	63.00
64.00	06400	INTRAVENOUS THERAPY	79,487	0	4,775	109	409	64.00
65.00	06500	RESPIRATORY THERAPY	281,415	0	37,644	0	3,225	65.00
66.00	06600	PHYSICAL THERAPY	794,355	0	591,875	3,332	50,706	66.00
67.00	06700	OCCUPATIONAL THERAPY	93,614	0	31,671	2,842	2,713	67.00
68.00	06800	SPEECH PATHOLOGY	36,654	0	17,665	0	1,513	68.00
69.00	06900	ELECTROCARDIOLOGY	174,872	0	179,793	5,673	15,403	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	74,656	0	34,661	2,411	2,969	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,361,918	0	128,974	0	11,049	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,435,618	0	214,544	0	18,380	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,530,231	0	136,926	0	11,730	73.00
74.00	07400	RENAL DIALYSIS	65,533	0	25,039	4,856	2,145	74.00
75.00	07500	ASC (NON-DISTINCT PART)	295,676	0	412,718	10,099	35,357	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	22,365	0	41,400	2,015	3,547	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,223,775	0	2,971,508	21,209	254,568	90.00
91.00	09100	EMERGENCY	697,888	0	438,849	13,270	37,596	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	350,378	0	73,853	0	6,327	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	186,253	0	32,714	0	2,803	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,038,167	0	13,384,752	247,247	1,122,325	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	713,474	0	234,995	0	20,132	191.00
193.01	19301	NON-ALLOWABLE COST	3,180,828	0	1,349,618	0	115,621	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	31,932,469	0	14,969,365	247,247	1,258,078	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,330,308					10.00
11.00	01100	CAFETERIA	0	745,112				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	10,024	0	995,221		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	385,997	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,538	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	3,770	0	0	0	17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	14,544	0	5,049	22	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	2,474	0	0	22	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	185	0	0	4	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	649	0	0	1	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,018,271	155,929	0	374,235	144,721	30.00
31.00	03100	INTENSIVE CARE UNIT	53,179	30,436	0	98,449	13,013	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	2,162	10,960	0	41,652	3,334	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	68,577	8,869	0	15,146	308	40.00
41.00	04100	SUBPROVIDER - IRF	33,958	3,668	0	8,835	750	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,379	46,760	0	68,157	48,915	50.00
51.00	05100	RECOVERY ROOM	360	6,611	0	23,350	1,877	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	50,651	15,057	0	47,331	8,383	52.00
53.00	05300	ANESTHESIOLOGY	0	4,575	0	2,524	12,163	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,136	55,386	0	17,670	8,241	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	288	4,854	0	1,893	83	55.00
56.00	05600	RADIOISOTOPE	881	4,618	0	0	349	56.00
57.00	05700	CT SCAN	2,660	6,235	0	0	3,689	57.00
58.00	05800	MRI	1,077	7,118	0	1,893	1,153	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,935	7,106	0	17,670	6,057	59.00
60.00	06000	LABORATORY	1,135	52,057	0	631	29,483	60.00
60.01	06001	VASCULAR LAB	0	2,165	0	0	33	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	2,490	0	0	890	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,118	0	13,884	2,331	64.00
65.00	06500	RESPIRATORY THERAPY	72	11,685	0	0	5,468	65.00
66.00	06600	PHYSICAL THERAPY	0	39,694	0	631	3,931	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,509	0	0	19	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,618	0	0	5	68.00
69.00	06900	ELECTROCARDIOLOGY	937	7,883	0	7,573	1,333	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,038	0	0	188	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,238	0	0	11,860	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,659	0	0	19,729	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,158	0	0	3,925	73.00
74.00	07400	RENAL DIALYSIS	606	0	0	0	541	74.00
75.00	07500	ASC (NON-DISTINCT PART)	19,829	13,133	0	34,079	4,577	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	90	1,113	0	1,262	53	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	28,728	56,947	0	73,837	21,861	90.00
91.00	09100	EMERGENCY	32,397	33,508	0	100,343	21,190	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	12,503	0	24,612	41	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	6,156	0	11,991	16	116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,330,308	700,038	0	992,697	380,564	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	22,259	0	0	761	191.00
193.01	19301	NON-ALLOWABLE COST	0	22,815	0	2,524	4,672	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,330,308	745,112	0	995,221	385,997	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE SPECIFY SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	588,789					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	481,627				16.00
17.00	01700	SOCIAL SERVICE	0	0	222,100			17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,087	0	0	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2	36,937	128,295	0		30.00
31.00	03100	INTENSIVE CARE UNIT	4	9,235	16,209	0		31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	5	5,122	0	0		31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
40.00	04000	SUBPROVIDER - IPF	0	2,033	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	896	5,972	0		41.00
43.00	04300	NURSERY	0	1,265	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36	46,640	0	0		50.00
51.00	05100	RECOVERY ROOM	5	10,163	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3	6,590	0	0		52.00
53.00	05300	ANESTHESIOLOGY	6,037	7,180	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	370	27,194	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2	9,843	0	0		55.00
56.00	05600	RADIOISOTOPE	6	7,849	0	0		56.00
57.00	05700	CT SCAN	385	28,427	0	0		57.00
58.00	05800	MRI	388	16,587	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	50	14,975	1,706	0		59.00
60.00	06000	LABORATORY	26	40,970	0	0		60.00
60.01	06001	VASCULAR LAB	0	2,571	0	0		60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	88	1,165	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	66	1,140	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	42	5,322	0	0		65.00
66.00	06600	PHYSICAL THERAPY	5	9,024	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,262	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	552	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	12,693	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,178	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	15,556	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1	25,876	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	390,724	69,058	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	513	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	2,356	0	0		75.00
76.00	03950	BLANK	0	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	213	0	0		76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,743	26,866	17,698	0		90.00
91.00	09100	EMERGENCY	9	31,541	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	54	1,545	2,625	0		101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE SPECIFY SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,269	1,290	48,508	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	401,320	481,627	222,100	0	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	154	0	0	0		191.00
193.01	19301	NON-ALLOWABLE COST	187,315	0	0	0		193.01
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)	588,789	481,627	222,100	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY	PARAMED ED PRGM-MEDICAL TECH	
			NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
				APPRV	APPRV		
			20.00	21.00	22.00	23.00	23.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01080	SPECIFY SERVICE					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			1,932,790		22.00
23.00	02300	PARAMED ED PRGM- PHARMACY				70,451	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH					23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI					23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT					31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)					31.01
32.00	03200	CORONARY CARE UNIT					32.00
33.00	03300	BURN INTENSIVE CARE UNIT					33.00
40.00	04000	SUBPROVIDER - IPF					40.00
41.00	04100	SUBPROVIDER - IRF					41.00
43.00	04300	NURSERY					43.00
44.00	04400	SKILLED NURSING FACILITY					44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM					50.00
51.00	05100	RECOVERY ROOM					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00	05300	ANESTHESIOLOGY					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					55.00
56.00	05600	RADIOISOTOPE					56.00
57.00	05700	CT SCAN					57.00
58.00	05800	MRI					58.00
59.00	05900	CARDIAC CATHETERIZATION					59.00
60.00	06000	LABORATORY					60.00
60.01	06001	VASCULAR LAB					60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.					63.00
64.00	06400	INTRAVENOUS THERAPY					64.00
65.00	06500	RESPIRATORY THERAPY					65.00
66.00	06600	PHYSICAL THERAPY					66.00
67.00	06700	OCCUPATIONAL THERAPY					67.00
68.00	06800	SPEECH PATHOLOGY					68.00
69.00	06900	ELECTROCARDIOLOGY					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					73.00
74.00	07400	RENAL DIALYSIS					74.00
75.00	07500	ASC (NON-DISTINCT PART)					75.00
76.00	03950	BLANK					76.00
76.97	07697	CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC					90.00
91.00	09100	EMERGENCY					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)					92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY					101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			INTERNS & RESIDENTS				PARAMED ED PRGM- PHARMACY	PARAMED ED PRGM-MEDICAL TECH	
			NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER				
				Y & FRINGES APPRV	PRGM COSTS APPRV				
			20.00	21.00	22.00		23.00	23.01	
		SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE							116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0		0	0	118.00
		NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH							191.00
193.01	19301	NON-ALLOWABLE COST							193.01
200.00		Cross Foot Adjustments	0	0	1,932,790		70,451	36,297	200.00
201.00		Negative Cost Centers	0	0	0		0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	1,932,790		70,451	36,297	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01080	SPECIFY SERVICE					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
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	02300	PARAMED ED PRGM- PHARMACY					23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH					23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	3,024				23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		11,662,272	0	11,662,272	30.00
31.00	03100	INTENSIVE CARE UNIT		2,188,673	0	2,188,673	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		587,359	0	587,359	31.01
32.00	03200	CORONARY CARE UNIT		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF		660,040	0	660,040	40.00
41.00	04100	SUBPROVIDER - IRF		325,215	0	325,215	41.00
43.00	04300	NURSERY		137,426	0	137,426	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		8,367,282	0	8,367,282	50.00
51.00	05100	RECOVERY ROOM		671,263	0	671,263	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		1,474,032	0	1,474,032	52.00
53.00	05300	ANESTHESIOLOGY		661,775	0	661,775	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		6,127,432	0	6,127,432	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		1,115,046	0	1,115,046	55.00
56.00	05600	RADIOISOTOPE		834,924	0	834,924	56.00
57.00	05700	CT SCAN		812,072	0	812,072	57.00
58.00	05800	MRI		1,233,546	0	1,233,546	58.00
59.00	05900	CARDIAC CATHETERIZATION		1,342,468	0	1,342,468	59.00
60.00	06000	LABORATORY		4,241,372	0	4,241,372	60.00
60.01	06001	VASCULAR LAB		168,525	0	168,525	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.		188,713	0	188,713	63.00
64.00	06400	INTRAVENOUS THERAPY		141,227	0	141,227	64.00
65.00	06500	RESPIRATORY THERAPY		667,833	0	667,833	65.00
66.00	06600	PHYSICAL THERAPY		2,551,025	0	2,551,025	66.00
67.00	06700	OCCUPATIONAL THERAPY		191,269	0	191,269	67.00
68.00	06800	SPEECH PATHOLOGY		88,126	0	88,126	68.00
69.00	06900	ELECTROCARDIOLOGY		1,034,024	0	1,034,024	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		306,629	0	306,629	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		1,804,518	0	1,804,518	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		2,171,151	0	2,171,151	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		4,403,527	0	4,403,527	73.00
74.00	07400	RENAL DIALYSIS		140,720	0	140,720	74.00
75.00	07500	ASC (NON-DISTINCT PART)		1,534,608	0	1,534,608	75.00
76.00	03950	BLANK		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		148,718	0	148,718	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		13,128,107	0	13,128,107	90.00
91.00	09100	EMERGENCY		2,243,897	0	2,243,897	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY		600,586	0	600,586	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.02	24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE		348,336	0	348,336		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	74,303,736	0	74,303,736		118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH		1,761,711	0	1,761,711		191.00
193.01	19301	NON-ALLOWABLE COST		7,498,327	0	7,498,327		193.01
200.00		Cross Foot Adjustments	3,024	2,042,562	0	2,042,562		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	3,024	85,606,336	0	85,606,336		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPE NSE)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,106,477				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		30,552,806			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	34,185	1,314	595,810,844		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,262,951	14,972,284	127,278,322	-306,260,653	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	972,147	120,981	639,582	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,589	0	0	0	8.00
9.00	00900	HOUSEKEEPING	28,280	246,314	8,701	0	9.00
10.00	01000	DIETARY	37,318	134,877	0	0	10.00
11.00	01100	CAFETERIA	31,431	12,851	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	8,820	485,919	7,302,498	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	6,428,925	0	14.00
15.00	01500	PHARMACY	0	0	16,712,249	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,936	0	3,929,997	0	16.00
17.00	01700	SOCIAL SERVICE	5,830	0	2,177,802	0	17.00
18.00	01800	SPECIFY SERVICE	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	46,504	9,363	15,166,187	0	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	1,125	0	1,232,400	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	1,490	0	100,048	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	80	0	754,407	-26,411	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	255,939	559,889	95,620,633	0	30.00
31.00	03100	INTENSIVE CARE UNIT	45,192	234,247	21,304,332	0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	9,832	47,694	7,175,815	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	17,272	371	4,837,939	0	40.00
41.00	04100	SUBPROVIDER - IRF	8,496	12,584	1,805,074	0	41.00
43.00	04300	NURSERY	2,115	0	2,412,071	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	115,509	4,319,853	32,739,865	0	50.00
51.00	05100	RECOVERY ROOM	18,318	36,552	4,710,105	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,439	84,493	7,228,409	0	52.00
53.00	05300	ANESTHESIOLOGY	4,940	364,467	1,744,640	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	118,870	2,166,449	31,165,452	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,814	439,453	4,017,261	0	55.00
56.00	05600	RADIOISOTOPE	19,601	192,404	3,135,156	0	56.00
57.00	05700	CT SCAN	9,873	376,857	3,996,178	0	57.00
58.00	05800	MRI	22,009	528,868	4,762,649	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,319	577,145	4,873,189	0	59.00
60.00	06000	LABORATORY	57,918	1,216,307	23,353,158	0	60.00
60.01	06001	VASCULAR LAB	4,172	12,248	1,565,733	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	3,056	57,161	1,226,143	0	63.00
64.00	06400	INTRAVENOUS THERAPY	586	26,644	2,173,335	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,620	258,543	6,830,269	0	65.00
66.00	06600	PHYSICAL THERAPY	72,641	60,308	22,193,946	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,887	0	2,784,321	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,168	0	1,093,355	0	68.00
69.00	06900	ELECTROCARDIOLOGY	22,066	330,635	4,506,324	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,254	130,272	1,889,517	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,829	55,932	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,331	93,040	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,805	10,028	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,073	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	50,653	17,152	7,740,392	0	75.00
76.00	03950	BLANK	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,081	7,711	580,519	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	364,694	1,477,495	60,497,436	0	90.00
91.00	09100	EMERGENCY	53,860	95,185	20,839,429	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPENSE)				
	OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	9,064	0	8,083,240	0	13,741,404	101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	4,015	0	4,031,016	0	7,304,624	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,911,997	29,773,890	582,648,019	-306,287,064	1,099,626,484	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	19100 RESEARCH	28,841	385,434	0	0	27,981,551	191.00
193.01	19301 NON-ALLOWABLE COST	165,639	393,482	13,162,825	0	124,748,132	193.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	55,438,964	30,167,372	20,006,127		306,260,653	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.500371	0.987385	0.033578		0.244548	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			462,807		31,932,469	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000777		0.025498	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	1,837,194				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,589	95,361			8.00
9.00	00900	HOUSEKEEPING	0	28,280	818	1,802,325		9.00
10.00	01000	DIETARY	0	37,318	172	37,318	590,599	10.00
11.00	01100	CAFETERIA	0	31,431	0	31,431	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	8,820	0	8,820	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	13,936	0	13,936	0	16.00
17.00	01700	SOCIAL SERVICE	0	5,830	0	5,830	0	17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	46,504	0	46,504	0	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	1,125	0	1,125	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	1,490	0	1,490	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	80	0	80	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	255,939	32,986	255,939	452,068	30.00
31.00	03100	INTENSIVE CARE UNIT	0	45,192	3,861	45,192	23,609	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	9,832	1,007	9,832	960	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	17,272	1,892	17,272	30,445	40.00
41.00	04100	SUBPROVIDER - IRF	0	8,496	761	8,496	15,076	41.00
43.00	04300	NURSERY	0	2,115	0	2,115	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	115,509	4,952	115,509	1,056	50.00
51.00	05100	RECOVERY ROOM	0	18,318	2,929	18,318	160	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	43,439	2,982	43,439	22,487	52.00
53.00	05300	ANESTHESIOLOGY	0	4,940	0	4,940	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	118,870	5,955	118,870	4,056	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	21,814	2,269	21,814	128	55.00
56.00	05600	RADIOISOTOPE	0	19,601	2,985	19,601	391	56.00
57.00	05700	CT SCAN	0	9,873	227	9,873	1,181	57.00
58.00	05800	MRI	0	22,009	1,471	22,009	478	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,319	2,456	23,319	1,303	59.00
60.00	06000	LABORATORY	0	57,918	755	57,918	504	60.00
60.01	06001	VASCULAR LAB	0	4,172	1,121	4,172	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	3,056	378	3,056	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	586	42	586	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,620	0	4,620	32	65.00
66.00	06600	PHYSICAL THERAPY	0	72,641	1,285	72,641	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,887	1,096	3,887	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,168	0	2,168	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	22,066	2,188	22,066	416	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,254	930	4,254	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	15,829	0	15,829	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	26,331	0	26,331	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,805	0	16,805	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,073	1,873	3,073	269	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	50,653	3,895	50,653	8,803	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	5,081	777	5,081	40	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	364,694	8,180	364,694	12,754	90.00
91.00	09100	EMERGENCY	0	53,860	5,118	53,860	14,383	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	9,064	0	9,064	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
116.00	11600	HOSPICE	0	4,015	0	4,015	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,642,714	95,361	1,607,845	590,599	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	28,841	0	28,841	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	165,639	0	165,639	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	84,199,943	5,407,751	20,892,149	19,859,064	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	45.830730	56.708204	11.591777	33.625292	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	14,969,365	247,247	1,258,078	1,330,308	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	8.147950	2.592748	0.698031	2.252472	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	10,897,881					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	146,610	0	1,577			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	43,035,208		14.00
15.00	01500	PHARMACY	0	0	0	0	208,281,924	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	124,877	0	0	589	0	16.00
17.00	01700	SOCIAL SERVICE	55,141	0	0	0	0	17.00
18.00	01080	SPECIFY SERVICE	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	212,722	0	8	2,447	0	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	36,189	0	0	2,508	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	2,704	0	0	477	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	9,492	0	0	117	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,280,553	0	593	16,133,676	853	30.00
31.00	03100	INTENSIVE CARE UNIT	445,148	0	156	1,450,849	1,334	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	160,298	0	66	371,745	1,926	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	129,714	0	24	34,357	6	40.00
41.00	04100	SUBPROVIDER - IRF	53,641	0	14	83,575	3	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	683,906	0	108	5,453,840	12,679	50.00
51.00	05100	RECOVERY ROOM	96,691	0	37	209,262	1,721	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	220,226	0	75	934,693	1,038	52.00
53.00	05300	ANESTHESIOLOGY	66,919	0	4	1,356,129	2,135,567	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	810,067	0	28	918,868	130,903	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	70,988	0	3	9,273	831	55.00
56.00	05600	RADIOISOTOPE	67,547	0	0	38,913	2,021	56.00
57.00	05700	CT SCAN	91,197	0	0	411,302	136,199	57.00
58.00	05800	MRI	104,113	0	3	128,605	137,324	58.00
59.00	05900	CARDIAC CATHETERIZATION	103,933	0	28	675,284	17,854	59.00
60.00	06000	LABORATORY	761,383	0	1	3,287,204	9,370	60.00
60.01	06001	VASCULAR LAB	31,670	0	0	3,683	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	36,423	0	0	99,204	31,281	63.00
64.00	06400	INTRAVENOUS THERAPY	45,597	0	22	259,910	23,356	64.00
65.00	06500	RESPIRATORY THERAPY	170,896	0	0	609,640	14,991	65.00
66.00	06600	PHYSICAL THERAPY	580,558	0	1	438,299	1,665	66.00
67.00	06700	OCCUPATIONAL THERAPY	65,951	0	0	2,135	0	67.00
68.00	06800	SPEECH PATHOLOGY	23,663	0	0	610	0	68.00
69.00	06900	ELECTROCARDIOLOGY	115,302	0	12	148,578	6	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	44,437	0	0	20,986	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	91,243	0	0	1,322,339	119	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	141,264	0	0	2,199,670	197	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	353,328	0	0	437,652	138,218,903	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	60,365	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	192,088	0	54	510,356	6	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	16,273	0	2	5,943	15	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	832,900	0	117	2,437,376	616,726	90.00
91.00	09100	EMERGENCY	490,088	0	159	2,362,627	3,063	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	182,865	0	39	4,613	18,991	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	90,031	0	19	1,776	449,046	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,238,636	0	1,573	42,429,475	141,967,994	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	325,562	0	0	84,860	54,561	191.00
193.01	19301	NON-ALLOWABLE COST	333,683	0	4	520,873	66,259,369	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,271,803	0	15,322,179	18,596,583	28,104,786	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.300224	0.000000	9,716.029803	0.432125	0.134936	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	745,112	0	995,221	385,997	588,789	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.068372	0.000000	631.084971	0.008969	0.002827	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE SPECIFY SERVICE (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			16.00	17.00	18.00	19.00	20.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,715,168,170					16.00
17.00	01700	SOCIAL SERVICE	0	54,151				17.00
18.00	01800	SPECIFY SERVICE	0	0	0			18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	265	0	0		22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	0	0	0		23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	0	0	0		23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	362,131,253	31,280	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	90,536,936	3,952	0	0	0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	50,213,017	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	19,929,100	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	8,785,948	1,456	0	0	0	41.00
43.00	04300	NURSERY	12,401,365	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	457,252,764	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	99,635,241	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	64,604,576	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	70,396,177	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	266,606,112	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	96,502,339	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	76,954,125	0	0	0	0	56.00
57.00	05700	CT SCAN	278,693,744	0	0	0	0	57.00
58.00	05800	MRI	162,619,172	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	146,815,812	416	0	0	0	59.00
60.00	06000	LABORATORY	401,664,211	0	0	0	0	60.00
60.01	06001	VASCULAR LAB	25,204,762	0	0	0	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	11,419,050	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	11,177,775	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	52,176,126	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	88,466,693	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,373,426	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,408,136	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	124,437,326	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,545,815	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	152,506,009	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	253,689,000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	670,392,379	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,028,675	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	23,097,760	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,090,927	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	263,389,663	4,315	0	0	0	90.00
91.00	09100	EMERGENCY	309,227,523	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE SPECIFY SERVICE (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		16.00	17.00	18.00	19.00	20.00	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	15,146,813	640	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	12,648,420	11,827	0		0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	4,715,168,170	54,151	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	0	191.00
193.01	19301 NON-ALLOWABLE COST	0	0	0	0	0	193.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	8,579,713	4,566,440	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.001820	84.327898	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	481,627	222,100	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000102	4.101494	0.000000	0.000000	0.000000	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM-MEDICAL TECH (ASSIGNED TIME)	PARAMED ED PRGM-SCHOOL OF ANESTHESI (ASSIGNED TIME)	
			SERVICES-SALAR	SERVICES-OTHER				
			Y & FRINGES	PRGM COSTS				
			APPRV	APPRV				
(ASSIGNED	(ASSIGNED	(ASSIGNED	(ASSIGNED	(ASSIGNED				
TIME)	TIME)	TIME)	TIME)	TIME)	TIME)	TIME)	TIME)	TIME)
21.00	22.00	23.00	23.01	23.02				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01080	SPECIFY SERVICE						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		20,914				22.00
23.00	02300	PARAMED ED PRGM- PHARMACY			100			23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH				100		23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI					100	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	11,629	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	100	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	475	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	45	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,391	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,044	0	0	100	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	754	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	149	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	1,209	0	100	0	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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	610	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	100	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	158	0	0	0	90.00
91.00	09100	EMERGENCY	0	1,350	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM-MEDICAL TECH (ASSIGNED TIME)	PARAMED ED PRGM-SCHOOL OF ANESTHESI (ASSIGNED TIME)	
		SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
		21.00	22.00				
	OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE			0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	20,914	100	100	100	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	19100 RESEARCH	0	0	0	0	0	191.00
193.01	19301 NON-ALLOWABLE COST	0	0	0	0	0	193.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	44,414,571	2,119,617	220,047	33,905	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	2,123.676532	21,196.170000	2,200.470000	339.050000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	1,932,790	70,451	36,297	3,024	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	92.416085	704.510000	362.970000	30.240000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/27/2021 10:08 am

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs		Total Costs	
						RCE Disallowance			
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	213,066,081		213,066,081	60,454		213,126,535	30.00
31.00	03100	INTENSIVE CARE UNIT	40,569,386		40,569,386	0		40,569,386	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	13,755,826		13,755,826	0		13,755,826	31.01
32.00	03200	CORONARY CARE UNIT	0		0	0		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0		0	33.00
40.00	04000	SUBPROVIDER - IPF	10,749,146		10,749,146	315		10,749,461	40.00
41.00	04100	SUBPROVIDER - IRF	4,561,079		4,561,079	0		4,561,079	41.00
43.00	04300	NURSERY	4,391,682		4,391,682	0		4,391,682	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0		0	44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	73,360,914		73,360,914	0		73,360,914	50.00
51.00	05100	RECOVERY ROOM	10,289,424		10,289,424	0		10,289,424	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,331,393		18,331,393	0		18,331,393	52.00
53.00	05300	ANESTHESIOLOGY	9,075,109		9,075,109	0		9,075,109	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	66,034,631		66,034,631	123,502		66,158,133	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,801,527		9,801,527	2,399		9,803,926	55.00
56.00	05600	RADIOISOTOPE	10,420,359		10,420,359	4,270		10,424,629	56.00
57.00	05700	CT SCAN	9,855,458		9,855,458	0		9,855,458	57.00
58.00	05800	MRI	10,764,882		10,764,882	0		10,764,882	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,737,525		11,737,525	0		11,737,525	59.00
60.00	06000	LABORATORY	84,177,395		84,177,395	1,616		84,179,011	60.00
60.01	06001	VASCULAR LAB	3,011,032		3,011,032	123		3,011,155	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	3,078,231		3,078,231	0		3,078,231	63.00
64.00	06400	INTRAVENOUS THERAPY	4,278,994		4,278,994	0		4,278,994	64.00
65.00	06500	RESPIRATORY THERAPY	14,413,885	0	14,413,885	0		14,413,885	65.00
66.00	06600	PHYSICAL THERAPY	43,550,906	0	43,550,906	0		43,550,906	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,897,882	0	4,897,882	0		4,897,882	67.00
68.00	06800	SPEECH PATHOLOGY	1,930,749	0	1,930,749	0		1,930,749	68.00
69.00	06900	ELECTROCARDIOLOGY	10,382,495		10,382,495	0		10,382,495	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,984,380		3,984,380	0		3,984,380	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	68,260,020		68,260,020	0		68,260,020	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	73,038,643		73,038,643	0		73,038,643	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	195,562,978		195,562,978	0		195,562,978	73.00
74.00	07400	RENAL DIALYSIS	3,525,596		3,525,596	0		3,525,596	74.00
75.00	07500	ASC (NON-DISTINCT PART)	18,702,255		18,702,255	0		18,702,255	75.00
76.00	03950	BLANK	0		0	0		0	76.00
76.97	07697	CARDIAC REHABILITATION	1,459,469		1,459,469	0		1,459,469	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	182,552,173		182,552,173	0		182,552,173	90.00
91.00	09100	EMERGENCY	41,206,434		41,206,434	1,453		41,207,887	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	26,149,895		26,149,895	0		26,149,895	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0		0	0		0	92.01
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	18,142,233		18,142,233			18,142,233	101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	10,614,865		10,614,865			10,614,865	116.00
200.00		Subtotal (see instructions)	1,329,684,932	0	1,329,684,932	194,132		1,329,879,064	200.00
201.00		Less Observation Beds	26,149,895		26,149,895			26,149,895	201.00
202.00		Total (see instructions)	1,303,535,037	0	1,303,535,037	194,132		1,303,729,169	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN: 14-0010		Period: From 10/01/2019 To 09/30/2020		Worksheet C Part I Date/Time Prepared: 4/27/2021 10:08 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	309,077,224		309,077,224					30.00	
31.00	03100	INTENSIVE CARE UNIT	90,536,936		90,536,936					31.00	
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	50,213,017		50,213,017					31.01	
32.00	03200	CORONARY CARE UNIT	0		0					32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0		0					33.00	
40.00	04000	SUBPROVIDER - IPF	19,929,100		19,929,100					40.00	
41.00	04100	SUBPROVIDER - IRF	8,785,948		8,785,948					41.00	
43.00	04300	NURSERY	12,401,365		12,401,365					43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0					44.00	
ANCILLARY SERVICE COST CENTERS											
50.00	05000	OPERATING ROOM	184,493,788	272,758,976	457,252,764	0.160438	0.000000			50.00	
51.00	05100	RECOVERY ROOM	37,798,188	61,837,053	99,635,241	0.103271	0.000000			51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	60,634,909	3,969,667	64,604,576	0.283748	0.000000			52.00	
53.00	05300	ANESTHESIOLOGY	31,675,269	38,720,908	70,396,177	0.128915	0.000000			53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	51,342,774	215,263,338	266,606,112	0.247686	0.000000			54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	2,852,258	93,650,081	96,502,339	0.101568	0.000000			55.00	
56.00	05600	RADIOISOTOPE	6,171,097	70,783,028	76,954,125	0.135410	0.000000			56.00	
57.00	05700	CT SCAN	80,299,232	198,394,512	278,693,744	0.035363	0.000000			57.00	
58.00	05800	MRI	20,758,847	141,860,325	162,619,172	0.066197	0.000000			58.00	
59.00	05900	CARDIAC CATHETERIZATION	58,847,106	87,968,706	146,815,812	0.079947	0.000000			59.00	
60.00	06000	LABORATORY	157,427,216	244,236,995	401,664,211	0.209572	0.000000			60.00	
60.01	06001	VASCULAR LAB	8,130,843	17,073,919	25,204,762	0.119463	0.000000			60.01	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	7,636,320	3,782,730	11,419,050	0.269570	0.000000			63.00	
64.00	06400	INTRAVENOUS THERAPY	10,930,840	246,935	11,177,775	0.382813	0.000000			64.00	
65.00	06500	RESPIRATORY THERAPY	48,076,355	4,099,771	52,176,126	0.276254	0.000000			65.00	
66.00	06600	PHYSICAL THERAPY	17,074,815	71,391,878	88,466,693	0.492286	0.000000			66.00	
67.00	06700	OCCUPATIONAL THERAPY	11,263,362	1,110,064	12,373,426	0.395839	0.000000			67.00	
68.00	06800	SPEECH PATHOLOGY	5,040,445	367,691	5,408,136	0.357008	0.000000			68.00	
69.00	06900	ELECTROCARDIOLOGY	40,139,608	84,297,718	124,437,326	0.083436	0.000000			69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	6,833,154	4,712,661	11,545,815	0.345093	0.000000			70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	68,948,424	83,557,585	152,506,009	0.447589	0.000000			71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	154,822,315	98,866,685	253,689,000	0.287906	0.000000			72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	147,306,203	523,086,176	670,392,379	0.291714	0.000000			73.00	
74.00	07400	RENAL DIALYSIS	5,028,675	0	5,028,675	0.701098	0.000000			74.00	
75.00	07500	ASC (NON-DISTINCT PART)	117,515	22,980,245	23,097,760	0.809700	0.000000			75.00	
76.00	03950	BLANK	0	0	0	0.000000	0.000000			76.00	
76.97	07697	CARDIAC REHABILITATION	4,476	2,086,451	2,090,927	0.698001	0.000000			76.97	
OUTPATIENT SERVICE COST CENTERS											
90.00	09000	CLINIC	12,011,503	251,378,160	263,389,663	0.693088	0.000000			90.00	
91.00	09100	EMERGENCY	115,023,207	194,204,316	309,227,523	0.133256	0.000000			91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	16,613,564	36,440,465	53,054,029	0.492892	0.000000			92.00	
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000			92.01	
OTHER REIMBURSABLE COST CENTERS											
101.00	10100	HOME HEALTH AGENCY	0	15,146,813	15,146,813					101.00	
SPECIAL PURPOSE COST CENTERS											
113.00	11300	INTEREST EXPENSE								113.00	
116.00	11600	HOSPICE	0	12,648,420	12,648,420					116.00	
200.00		Subtotal (see instructions)	1,858,245,898	2,856,922,272	4,715,168,170					200.00	
201.00		Less Observation Beds								201.00	
202.00		Total (see instructions)	1,858,245,898	2,856,922,272	4,715,168,170					202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)				31.01
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.160438			50.00
51.00	05100	RECOVERY ROOM	0.103271			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.283748			52.00
53.00	05300	ANESTHESIOLOGY	0.128915			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.248149			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.101593			55.00
56.00	05600	RADIOISOTOPE	0.135465			56.00
57.00	05700	CT SCAN	0.035363			57.00
58.00	05800	MRI	0.066197			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.079947			59.00
60.00	06000	LABORATORY	0.209576			60.00
60.01	06001	VASCULAR LAB	0.119468			60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.269570			63.00
64.00	06400	INTRAVENOUS THERAPY	0.382813			64.00
65.00	06500	RESPIRATORY THERAPY	0.276254			65.00
66.00	06600	PHYSICAL THERAPY	0.492286			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.395839			67.00
68.00	06800	SPEECH PATHOLOGY	0.357008			68.00
69.00	06900	ELECTROCARDIOLOGY	0.083436			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.345093			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.447589			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.287906			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.291714			73.00
74.00	07400	RENAL DIALYSIS	0.701098			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.809700			75.00
76.00	03950	BLANK	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.698001			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.693088			90.00
91.00	09100	EMERGENCY	0.133261			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.492892			92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/27/2021 10:08 am

			Title XIX		Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	213,066,081		213,066,081	60,454	213,126,535
31.00	03100	INTENSIVE CARE UNIT	40,569,386		40,569,386	0	40,569,386
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	13,755,826		13,755,826	0	13,755,826
32.00	03200	CORONARY CARE UNIT	0		0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0
40.00	04000	SUBPROVIDER - IPF	10,749,146		10,749,146	315	10,749,461
41.00	04100	SUBPROVIDER - IRF	4,561,079		4,561,079	0	4,561,079
43.00	04300	NURSERY	4,391,682		4,391,682	0	4,391,682
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	73,360,914		73,360,914	0	73,360,914
51.00	05100	RECOVERY ROOM	10,289,424		10,289,424	0	10,289,424
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,331,393		18,331,393	0	18,331,393
53.00	05300	ANESTHESIOLOGY	9,075,109		9,075,109	0	9,075,109
54.00	05400	RADIOLOGY-DIAGNOSTIC	66,034,631		66,034,631	123,502	66,158,133
55.00	05500	RADIOLOGY-THERAPEUTIC	9,801,527		9,801,527	2,399	9,803,926
56.00	05600	RADIOISOTOPE	10,420,359		10,420,359	4,270	10,424,629
57.00	05700	CT SCAN	9,855,458		9,855,458	0	9,855,458
58.00	05800	MRI	10,764,882		10,764,882	0	10,764,882
59.00	05900	CARDIAC CATHETERIZATION	11,737,525		11,737,525	0	11,737,525
60.00	06000	LABORATORY	84,177,395		84,177,395	1,616	84,179,011
60.01	06001	VASCULAR LAB	3,011,032		3,011,032	123	3,011,155
63.00	06300	BLOOD STORING PROCESSING & TRANS.	3,078,231		3,078,231	0	3,078,231
64.00	06400	INTRAVENOUS THERAPY	4,278,994		4,278,994	0	4,278,994
65.00	06500	RESPIRATORY THERAPY	14,413,885	0	14,413,885	0	14,413,885
66.00	06600	PHYSICAL THERAPY	43,550,906	0	43,550,906	0	43,550,906
67.00	06700	OCCUPATIONAL THERAPY	4,897,882	0	4,897,882	0	4,897,882
68.00	06800	SPEECH PATHOLOGY	1,930,749	0	1,930,749	0	1,930,749
69.00	06900	ELECTROCARDIOLOGY	10,382,495		10,382,495	0	10,382,495
70.00	07000	ELECTROENCEPHALOGRAPHY	3,984,380		3,984,380	0	3,984,380
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	68,260,020		68,260,020	0	68,260,020
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	73,038,643		73,038,643	0	73,038,643
73.00	07300	DRUGS CHARGED TO PATIENTS	195,562,978		195,562,978	0	195,562,978
74.00	07400	RENAL DIALYSIS	3,525,596		3,525,596	0	3,525,596
75.00	07500	ASC (NON-DISTINCT PART)	18,702,255		18,702,255	0	18,702,255
76.00	03950	BLANK	0		0	0	0
76.97	07697	CARDIAC REHABILITATION	1,459,469		1,459,469	0	1,459,469
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	182,552,173		182,552,173	0	182,552,173
91.00	09100	EMERGENCY	41,206,434		41,206,434	1,453	41,207,887
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	26,149,895		26,149,895	0	26,149,895
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	18,142,233		18,142,233		18,142,233
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	10,614,865		10,614,865		10,614,865
200.00		Subtotal (see instructions)	1,329,684,932	0	1,329,684,932	194,132	1,329,879,064
201.00		Less Observation Beds	26,149,895		26,149,895		26,149,895
202.00		Total (see instructions)	1,303,535,037	0	1,303,535,037	194,132	1,303,729,169

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/27/2021 10:08 am

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	309,077,224		309,077,224		30.00
31.00	03100	INTENSIVE CARE UNIT	90,536,936		90,536,936		31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	50,213,017		50,213,017		31.01
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
40.00	04000	SUBPROVIDER - IPF	19,929,100		19,929,100		40.00
41.00	04100	SUBPROVIDER - IRF	8,785,948		8,785,948		41.00
43.00	04300	NURSERY	12,401,365		12,401,365		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	184,493,788	272,758,976	457,252,764	0.160438	0.000000
51.00	05100	RECOVERY ROOM	37,798,188	61,837,053	99,635,241	0.103271	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	60,634,909	3,969,667	64,604,576	0.283748	0.000000
53.00	05300	ANESTHESIOLOGY	31,675,269	38,720,908	70,396,177	0.128915	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	51,342,774	215,263,338	266,606,112	0.247686	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	2,852,258	93,650,081	96,502,339	0.101568	0.000000
56.00	05600	RADIOISOTOPE	6,171,097	70,783,028	76,954,125	0.135410	0.000000
57.00	05700	CT SCAN	80,299,232	198,394,512	278,693,744	0.035363	0.000000
58.00	05800	MRI	20,758,847	141,860,325	162,619,172	0.066197	0.000000
59.00	05900	CARDIAC CATHETERIZATION	58,847,106	87,968,706	146,815,812	0.079947	0.000000
60.00	06000	LABORATORY	157,427,216	244,236,995	401,664,211	0.209572	0.000000
60.01	06001	VASCULAR LAB	8,130,843	17,073,919	25,204,762	0.119463	0.000000
63.00	06300	BLOOD STORING PROCESSING & TRANS.	7,636,320	3,782,730	11,419,050	0.269570	0.000000
64.00	06400	INTRAVENOUS THERAPY	10,930,840	246,935	11,177,775	0.382813	0.000000
65.00	06500	RESPIRATORY THERAPY	48,076,355	4,099,771	52,176,126	0.276254	0.000000
66.00	06600	PHYSICAL THERAPY	17,074,815	71,391,878	88,466,693	0.492286	0.000000
67.00	06700	OCCUPATIONAL THERAPY	11,263,362	1,110,064	12,373,426	0.395839	0.000000
68.00	06800	SPEECH PATHOLOGY	5,040,445	367,691	5,408,136	0.357008	0.000000
69.00	06900	ELECTROCARDIOLOGY	40,139,608	84,297,718	124,437,326	0.083436	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	6,833,154	4,712,661	11,545,815	0.345093	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	68,948,424	83,557,585	152,506,009	0.447589	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	154,822,315	98,866,685	253,689,000	0.287906	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	147,306,203	523,086,176	670,392,379	0.291714	0.000000
74.00	07400	RENAL DIALYSIS	5,028,675	0	5,028,675	0.701098	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	117,515	22,980,245	23,097,760	0.809700	0.000000
76.00	03950	BLANK	0	0	0	0.000000	0.000000
76.97	07697	CARDIAC REHABILITATION	4,476	2,086,451	2,090,927	0.698001	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	12,011,503	251,378,160	263,389,663	0.693088	0.000000
91.00	09100	EMERGENCY	115,023,207	194,204,316	309,227,523	0.133256	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	16,613,564	36,440,465	53,054,029	0.492892	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	15,146,813	15,146,813		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	12,648,420	12,648,420		116.00
200.00		Subtotal (see instructions)	1,858,245,898	2,856,922,272	4,715,168,170		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,858,245,898	2,856,922,272	4,715,168,170		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)				31.01
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	VASCULAR LAB	0.000000			60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
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
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950	BLANK	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part I
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description		Title XVIII		Hospital		PPS	
		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	11,662,272	0	11,662,272	151,129	77.17	30.00
31.00	INTENSIVE CARE UNIT	2,188,673		2,188,673	16,172	135.34	31.00
31.01	INFANT SPECIAL CARE UNIT (ISCU)	587,359		587,359	9,639	60.94	31.01
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
40.00	SUBPROVIDER - IPF	660,040	0	660,040	8,345	79.09	40.00
41.00	SUBPROVIDER - IRF	325,215	0	325,215	4,566	71.23	41.00
43.00	NURSERY	137,426		137,426	8,899	15.44	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	15,560,985		15,560,985	198,750		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	64,766	4,997,992				
31.00	INTENSIVE CARE UNIT	6,513	881,469				
31.01	INFANT SPECIAL CARE UNIT (ISCU)	0	0				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	1,057	83,598				
41.00	SUBPROVIDER - IRF	2,148	153,002				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	74,484	6,116,061				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part II
Date/Time Prepared:
4/27/2021 10:08 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	8,367,282	457,252,764	0.018299	80,086,602	1,465,505	50.00
51.00	05100	RECOVERY ROOM	671,263	99,635,241	0.006737	16,983,248	114,416	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,474,032	64,604,576	0.022816	200,042	4,564	52.00
53.00	05300	ANESTHESIOLOGY	661,775	70,396,177	0.009401	10,949,947	102,940	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,127,432	266,606,112	0.022983	24,133,353	554,657	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,115,046	96,502,339	0.011555	1,498,016	17,310	55.00
56.00	05600	RADIOISOTOPE	834,924	76,954,125	0.010850	3,073,987	33,353	56.00
57.00	05700	CT SCAN	812,072	278,693,744	0.002914	41,146,501	119,901	57.00
58.00	05800	MRI	1,233,546	162,619,172	0.007585	9,590,567	72,744	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,342,468	146,815,812	0.009144	30,468,089	278,600	59.00
60.00	06000	LABORATORY	4,241,372	401,664,211	0.010559	74,111,412	782,542	60.00
60.01	06001	VASCULAR LAB	168,525	25,204,762	0.006686	4,148,986	27,740	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	188,713	11,419,050	0.016526	2,436,231	40,261	63.00
64.00	06400	INTRAVENOUS THERAPY	141,227	11,177,775	0.012635	6,616,134	83,595	64.00
65.00	06500	RESPIRATORY THERAPY	667,833	52,176,126	0.012800	21,308,988	272,755	65.00
66.00	06600	PHYSICAL THERAPY	2,551,025	88,466,693	0.028836	1,463	42	66.00
67.00	06700	OCCUPATIONAL THERAPY	191,269	12,373,426	0.015458	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	88,126	5,408,136	0.016295	361	6	68.00
69.00	06900	ELECTROCARDIOLOGY	1,034,024	124,437,326	0.008310	21,248,543	176,575	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	306,629	11,545,815	0.026558	2,617,318	69,511	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,804,518	152,506,009	0.011832	31,794,692	376,195	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,171,151	253,689,000	0.008558	81,442,964	696,989	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,403,527	670,392,379	0.006569	65,303,003	428,975	73.00
74.00	07400	RENAL DIALYSIS	140,720	5,028,675	0.027984	3,139,157	87,846	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,534,608	23,097,760	0.066440	94,726	6,294	75.00
76.00	03950	BLANK	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	148,718	2,090,927	0.071125	1,530	109	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	13,128,107	263,389,663	0.049843	5,763,535	287,272	90.00
91.00	09100	EMERGENCY	2,243,897	309,227,523	0.007256	70,789,716	513,650	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,430,922	53,054,029	0.026971	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00		Total (lines 50 through 199)	59,224,751	4,196,429,347		608,949,111	6,614,347	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0010		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part III Date/Time Prepared: 4/27/2021 10:08 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	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	0	0	0	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	151,129	0.00	64,766	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	16,172	0.00	6,513	31.00	
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	0	0	9,639	0.00	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0.00	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0.00	0	33.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	8,345	0.00	1,057	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	4,566	0.00	2,148	41.00	
43.00	04300	NURSERY	0	0	0	8,899	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0.00	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	198,750	0.00	74,484	200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
					9.00					
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0							30.00
31.00	03100	INTENSIVE CARE UNIT	0							31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0							31.01
32.00	03200	CORONARY CARE UNIT	0							32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0							33.00
40.00	04000	SUBPROVIDER - IPF	0							40.00
41.00	04100	SUBPROVIDER - IRF	0							41.00
43.00	04300	NURSERY	0							43.00
44.00	04400	SKILLED NURSING FACILITY	0							44.00
200.00		Total (lines 30 through 199)	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
4/27/2021 10:08 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	33,905	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
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	220,047	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
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	2,119,617	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	2,373,569	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0010		Period: From 10/01/2019 To 09/30/2020	Worksheet D Part IV Date/Time Prepared: 4/27/2021 10:08 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	457,252,764	0.000000		50.00
51.00	05100	RECOVERY ROOM	0	0	0	99,635,241	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	64,604,576	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	33,905	33,905	70,396,177	0.000482		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	266,606,112	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	96,502,339	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0	76,954,125	0.000000		56.00
57.00	05700	CT SCAN	0	0	0	278,693,744	0.000000		57.00
58.00	05800	MRI	0	0	0	162,619,172	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	146,815,812	0.000000		59.00
60.00	06000	LABORATORY	0	220,047	220,047	401,664,211	0.000548		60.00
60.01	06001	VASCULAR LAB	0	0	0	25,204,762	0.000000		60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	11,419,050	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	11,177,775	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	52,176,126	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	88,466,693	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,373,426	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,408,136	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	124,437,326	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11,545,815	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	152,506,009	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	253,689,000	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,119,617	2,119,617	670,392,379	0.003162		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,028,675	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	23,097,760	0.000000		75.00
76.00	03950	BLANK	0	0	0	0	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,090,927	0.000000		76.97
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	263,389,663	0.000000		90.00
91.00	09100	EMERGENCY	0	0	0	309,227,523	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	53,054,029	0.000000		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000		92.01
200.00		Total (lines 50 through 199)	0	2,373,569	2,373,569	4,196,429,347			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
4/27/2021 10:08 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	80,086,602	0	76,711,949	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	16,983,248	0	17,779,447	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	200,042	0	8,736	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000482	10,949,947	5,278	11,372,141	5,481	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	24,133,353	0	47,468,293	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	1,498,016	0	37,957,991	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	3,073,987	0	28,238,718	0	56.00
57.00	05700	CT SCAN	0.000000	41,146,501	0	78,247,840	0	57.00
58.00	05800	MRI	0.000000	9,590,567	0	42,821,746	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	30,468,089	0	46,807,379	0	59.00
60.00	06000	LABORATORY	0.000548	74,111,412	40,613	56,234,657	30,817	60.00
60.01	06001	VASCULAR LAB	0.000000	4,148,986	0	7,893,810	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	2,436,231	0	1,414,679	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	6,616,134	0	66,527	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	21,308,988	0	1,840,528	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,463	0	1,166,973	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	21,177	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	361	0	1,780	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	21,248,543	0	39,242,379	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	2,617,318	0	1,750,239	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	31,794,692	0	30,753,418	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	81,442,964	0	42,113,174	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.003162	65,303,003	206,488	246,662,715	779,948	73.00
74.00	07400	RENAL DIALYSIS	0.000000	3,139,157	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	94,726	0	8,086,945	0	75.00
76.00	03950	BLANK	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	1,530	0	1,100,284	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	5,763,535	0	107,858,330	0	90.00
91.00	09100	EMERGENCY	0.000000	70,789,716	0	49,112,761	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	6,055,196	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		608,949,111	252,379	988,789,812	816,246	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part V
Date/Time Prepared:
4/27/2021 10:08 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	0.160438	76,711,949	964,981	0	12,307,512	50.00
51.00	05100	RECOVERY ROOM	0.103271	17,779,447	0	0	1,836,101	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.283748	8,736	0	0	2,479	52.00
53.00	05300	ANESTHESIOLOGY	0.128915	11,372,141	0	0	1,466,040	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.247686	47,468,293	0	0	11,757,232	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.101568	37,957,991	0	0	3,855,317	55.00
56.00	05600	RADIOISOTOPE	0.135410	28,238,718	0	0	3,823,805	56.00
57.00	05700	CT SCAN	0.035363	78,247,840	0	0	2,767,078	57.00
58.00	05800	MRI	0.066197	42,821,746	0	0	2,834,671	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.079947	46,807,379	0	0	3,742,110	59.00
60.00	06000	LABORATORY	0.209572	56,234,657	0	0	11,785,210	60.00
60.01	06001	VASCULAR LAB	0.119463	7,893,810	0	0	943,018	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.269570	1,414,679	0	0	381,355	63.00
64.00	06400	INTRAVENOUS THERAPY	0.382813	66,527	0	0	25,467	64.00
65.00	06500	RESPIRATORY THERAPY	0.276254	1,840,528	0	0	508,453	65.00
66.00	06600	PHYSICAL THERAPY	0.492286	1,166,973	0	0	574,484	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.395839	21,177	0	0	8,383	67.00
68.00	06800	SPEECH PATHOLOGY	0.357008	1,780	0	0	635	68.00
69.00	06900	ELECTROCARDIOLOGY	0.083436	39,242,379	0	0	3,274,227	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.345093	1,750,239	0	0	603,995	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.447589	30,753,418	0	0	13,764,892	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.287906	42,113,174	0	0	12,124,635	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.291714	246,662,715	11,778	3,922,286	71,954,967	73.00
74.00	07400	RENAL DIALYSIS	0.701098	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.809700	8,086,945	0	0	6,547,999	75.00
76.00	03950	BLANK	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.698001	1,100,284	0	0	767,999	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.693088	107,858,330	0	1,034	74,755,314	90.00
91.00	09100	EMERGENCY	0.133256	49,112,761	0	0	6,544,570	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.492892	6,055,196	0	0	2,984,558	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Subtotal (see instructions)		988,789,812	976,759	3,923,320	251,942,506	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		988,789,812	976,759	3,923,320	251,942,506	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part V
Date/Time Prepared:
4/27/2021 10:08 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	154,820	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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	VASCULAR LAB	0	0		60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
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	3,436	1,144,186		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	BLANK	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	717		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00		Subtotal (see instructions)	158,256	1,144,903		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	158,256	1,144,903		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0010

Period:

Worksheet D

Component CCN: 14-S010

From 10/01/2019
To 09/30/2020Part II
Date/Time Prepared:
4/27/2021 10:08 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	8,367,282	457,252,764	0.018299	0	0	50.00
51.00	05100 RECOVERY ROOM	671,263	99,635,241	0.006737	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,474,032	64,604,576	0.022816	0	0	52.00
53.00	05300 ANESTHESIOLOGY	661,775	70,396,177	0.009401	89,180	838	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,127,432	266,606,112	0.022983	9,644	222	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,115,046	96,502,339	0.011555	0	0	55.00
56.00	05600 RADIOISOTOPE	834,924	76,954,125	0.010850	5,671	62	56.00
57.00	05700 CT SCAN	812,072	278,693,744	0.002914	30,989	90	57.00
58.00	05800 MRI	1,233,546	162,619,172	0.007585	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,342,468	146,815,812	0.009144	0	0	59.00
60.00	06000 LABORATORY	4,241,372	401,664,211	0.010559	216,587	2,287	60.00
60.01	06001 VASCULAR LAB	168,525	25,204,762	0.006686	4,522	30	60.01
63.00	06300 BLOOD STORING PROCESSING & TRANS.	188,713	11,419,050	0.016526	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	141,227	11,177,775	0.012635	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	667,833	52,176,126	0.012800	0	0	65.00
66.00	06600 PHYSICAL THERAPY	2,551,025	88,466,693	0.028836	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	191,269	12,373,426	0.015458	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	88,126	5,408,136	0.016295	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,034,024	124,437,326	0.008310	34,450	286	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	306,629	11,545,815	0.026558	1,257	33	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,804,518	152,506,009	0.011832	1,029	12	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,171,151	253,689,000	0.008558	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,403,527	670,392,379	0.006569	234,128	1,538	73.00
74.00	07400 RENAL DIALYSIS	140,720	5,028,675	0.027984	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1,534,608	23,097,760	0.066440	0	0	75.00
76.00	03950 BLANK	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	148,718	2,090,927	0.071125	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	13,128,107	263,389,663	0.049843	39,950	1,991	90.00
91.00	09100 EMERGENCY	2,243,897	309,227,523	0.007256	484,450	3,515	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	53,054,029	0.000000	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00	Total (lines 50 through 199)	57,793,829	4,196,429,347		1,151,857	10,904	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0010
Component CCN: 14-S010

Period:
From 10/01/2019
To 09/30/2020

Worksheet D
Part IV
Date/Time Prepared:
4/27/2021 10:08 am

			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	33,905	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	220,047	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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	2,119,617	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	2,373,569	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0010 Component CCN: 14-S010		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/27/2021 10:08 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	457,252,764	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	99,635,241	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	64,604,576	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	33,905	33,905	70,396,177	0.000482	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	266,606,112	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	96,502,339	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	76,954,125	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	278,693,744	0.000000	57.00
58.00	05800	MRI		0	0	0	162,619,172	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	146,815,812	0.000000	59.00
60.00	06000	LABORATORY		0	220,047	220,047	401,664,211	0.000548	60.00
60.01	06001	VASCULAR LAB		0	0	0	25,204,762	0.000000	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0	0	0	11,419,050	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	11,177,775	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	52,176,126	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	88,466,693	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	12,373,426	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	5,408,136	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	124,437,326	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	11,545,815	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	152,506,009	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	253,689,000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	2,119,617	2,119,617	670,392,379	0.003162	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	5,028,675	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	23,097,760	0.000000	75.00
76.00	03950	BLANK		0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	2,090,927	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	263,389,663	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	309,227,523	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	53,054,029	0.000000	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)		0	2,373,569	2,373,569	4,196,429,347		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0010 Component CCN: 14-S010		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/27/2021 10:08 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000482	89,180	43	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	9,644	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	5,671	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	30,989	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000548	216,587	119	822	0	60.00
60.01	06001	VASCULAR LAB		0.000000	4,522	0	0	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	34,450	0	590	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	1,257	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	1,029	0	34	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.003162	234,128	740	82	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03950	BLANK		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	39,950	0	1,335	0	90.00
91.00	09100	EMERGENCY		0.000000	484,450	0	6,930	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)		0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)			1,151,857	902	9,793	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0010

Period:

Worksheet D

Component CCN: 14-S010

From 10/01/2019
To 09/30/2020Part V
Date/Time Prepared:
4/27/2021 10:08 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.160438	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.103271	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.283748	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.128915	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.247686	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.101568	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.135410	0	0	0	0	56.00
57.00	05700	CT SCAN	0.035363	0	0	0	0	57.00
58.00	05800	MRI	0.066197	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.079947	0	0	0	0	59.00
60.00	06000	LABORATORY	0.209572	822	0	0	172	60.00
60.01	06001	VASCULAR LAB	0.119463	0	0	0	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.269570	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.382813	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.276254	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.492286	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.395839	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.357008	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.083436	590	0	0	49	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.345093	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.447589	34	0	0	15	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.287906	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.291714	82	0	0	24	73.00
74.00	07400	RENAL DIALYSIS	0.701098	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.809700	0	0	0	0	75.00
76.00	03950	BLANK	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.698001	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.693088	1,335	0	0	925	90.00
91.00	09100	EMERGENCY	0.133256	6,930	0	0	923	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.492892	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Subtotal (see instructions)		9,793	0	0	2,108	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		9,793	0	0	2,108	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0010

Period:

Worksheet D

Component CCN: 14-S010

From 10/01/2019
To 09/30/2020Part V
Date/Time Prepared:
4/27/2021 10:08 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description			Costs			
			Cost	Cost		
			Reimbursed Services Subject To Ded. & Coins. (see inst.)	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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	VASCULAR LAB	0	0		60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
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
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	BLANK	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0010

Period:

Worksheet D

Component CCN: 14-T010

From 10/01/2019
To 09/30/2020Part II
Date/Time Prepared:
4/27/2021 10:08 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	8,367,282	457,252,764	0.018299	0	0	50.00
51.00	05100 RECOVERY ROOM	671,263	99,635,241	0.006737	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,474,032	64,604,576	0.022816	0	0	52.00
53.00	05300 ANESTHESIOLOGY	661,775	70,396,177	0.009401	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,127,432	266,606,112	0.022983	56,588	1,301	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,115,046	96,502,339	0.011555	20,448	236	55.00
56.00	05600 RADIOISOTOPE	834,924	76,954,125	0.010850	2,870	31	56.00
57.00	05700 CT SCAN	812,072	278,693,744	0.002914	102,860	300	57.00
58.00	05800 MRI	1,233,546	162,619,172	0.007585	29,153	221	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,342,468	146,815,812	0.009144	0	0	59.00
60.00	06000 LABORATORY	4,241,372	401,664,211	0.010559	346,988	3,664	60.00
60.01	06001 VASCULAR LAB	168,525	25,204,762	0.006686	40,744	272	60.01
63.00	06300 BLOOD STORING PROCESSING & TRANS.	188,713	11,419,050	0.016526	10,704	177	63.00
64.00	06400 INTRAVENOUS THERAPY	141,227	11,177,775	0.012635	2,427,928	30,677	64.00
65.00	06500 RESPIRATORY THERAPY	667,833	52,176,126	0.012800	145,564	1,863	65.00
66.00	06600 PHYSICAL THERAPY	2,551,025	88,466,693	0.028836	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	191,269	12,373,426	0.015458	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	88,126	5,408,136	0.016295	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,034,024	124,437,326	0.008310	13,045	108	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	306,629	11,545,815	0.026558	1,257	33	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,804,518	152,506,009	0.011832	69,002	816	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,171,151	253,689,000	0.008558	4,796	41	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,403,527	670,392,379	0.006569	822,846	5,405	73.00
74.00	07400 RENAL DIALYSIS	140,720	5,028,675	0.027984	41,632	1,165	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1,534,608	23,097,760	0.066440	0	0	75.00
76.00	03950 BLANK	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	148,718	2,090,927	0.071125	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	13,128,107	263,389,663	0.049843	277,040	13,809	90.00
91.00	09100 EMERGENCY	2,243,897	309,227,523	0.007256	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	53,054,029	0.000000	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00	Total (lines 50 through 199)	57,793,829	4,196,429,347		4,413,465	60,119	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0010
Component CCN: 14-T010

Period:
From 10/01/2019
To 09/30/2020

Worksheet D
Part IV
Date/Time Prepared:
4/27/2021 10:08 am

			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	33,905	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	220,047	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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	2,119,617	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	2,373,569	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0010 Component CCN: 14-T010		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/27/2021 10:08 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	457,252,764	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	99,635,241	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	64,604,576	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	33,905	33,905	70,396,177	0.000482	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	266,606,112	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	96,502,339	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	76,954,125	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	278,693,744	0.000000	57.00
58.00	05800	MRI	0	0	0	162,619,172	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	146,815,812	0.000000	59.00
60.00	06000	LABORATORY	0	220,047	220,047	401,664,211	0.000548	60.00
60.01	06001	VASCULAR LAB	0	0	0	25,204,762	0.000000	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	11,419,050	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	11,177,775	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	52,176,126	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	88,466,693	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,373,426	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,408,136	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	124,437,326	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11,545,815	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	152,506,009	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	253,689,000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,119,617	2,119,617	670,392,379	0.003162	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,028,675	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	23,097,760	0.000000	75.00
76.00	03950	BLANK	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,090,927	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	263,389,663	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	309,227,523	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	53,054,029	0.000000	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)	0	2,373,569	2,373,569	4,196,429,347		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0010 Component CCN: 14-T010		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/27/2021 10:08 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000482	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	56,588	0	1,602	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	20,448	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	2,870	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	102,860	0	2,876	0	57.00
58.00	05800	MRI		0.000000	29,153	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000548	346,988	190	0	0	60.00
60.01	06001	VASCULAR LAB		0.000000	40,744	0	0	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0.000000	10,704	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	2,427,928	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	145,564	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	13,045	0	1,475	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	1,257	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	69,002	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	4,796	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.003162	822,846	2,602	90	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	41,632	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03950	BLANK		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	277,040	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)		0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)			4,413,465	2,792	6,043	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0010

Period:

Worksheet D

Component CCN: 14-T010

From 10/01/2019

Part V

To 09/30/2020

Date/Time Prepared:

4/27/2021 10:08 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.160438	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.103271	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.283748	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.128915	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.247686	1,602	0	0	397	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.101568	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.135410	0	0	0	0	56.00
57.00	05700	CT SCAN	0.035363	2,876	0	0	102	57.00
58.00	05800	MRI	0.066197	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.079947	0	0	0	0	59.00
60.00	06000	LABORATORY	0.209572	0	0	0	0	60.00
60.01	06001	VASCULAR LAB	0.119463	0	0	0	0	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.269570	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.382813	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.276254	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.492286	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.395839	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.357008	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.083436	1,475	0	0	123	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.345093	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.447589	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.287906	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.291714	90	0	0	26	73.00
74.00	07400	RENAL DIALYSIS	0.701098	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.809700	0	0	0	0	75.00
76.00	03950	BLANK	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.698001	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.693088	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.133256	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.492892	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Subtotal (see instructions)		6,043	0	0	648	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		6,043	0	0	648	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0010

Period:

Worksheet D

Component CCN: 14-T010

From 10/01/2019
To 09/30/2020Part V
Date/Time Prepared:
4/27/2021 10:08 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description			Costs			
			Cost	Cost		
			Reimbursed Services Subject To Ded. & Coins. (see inst.)	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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	VASCULAR LAB	0	0		60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
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
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	BLANK	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	0		202.00

Health Financial Systems		NORTHSHORE UNIVERSITY HEALTHSYSTEM		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/27/2021 10:08 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)			151,129	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			151,129	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)			132,586	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)			64,766	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)			213,126,535	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)			213,126,535	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)			213,126,535	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)			1,410.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			91,334,956	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)			91,334,956	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet D-1

Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description		Title XVIII		Hospital		PPS	
		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	40,569,386	16,172	2,508.62	6,513	16,338,642	43.00
43.01	INFANT SPECIAL CARE UNIT (ISCU)	13,755,826	9,639	1,427.10	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					127,370,437	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					235,044,035	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)					5,879,461	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					6,866,726	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					12,746,187	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					222,297,848	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)					18,543	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,410.23	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					26,149,895	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet D-1

Date/Time Prepared:
4/27/2021 10:08 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	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	11,662,272	213,126,535	0.054720	26,149,895	1,430,922	90.00
91.00	Nursing School cost	0	213,126,535	0.000000	26,149,895	0	91.00
92.00	Allied health cost	0	213,126,535	0.000000	26,149,895	0	92.00
93.00	All other Medical Education	0	213,126,535	0.000000	26,149,895	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/27/2021 10:08 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,345	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,345	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		8,345	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,057	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)		10,749,461	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)		10,749,461	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)		10,749,461	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)		1,288.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,361,553	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,361,553	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/27/2021 10:08 am
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
43.01 INFANT SPECIAL CARE UNIT (ISCU)	0	0	0.00	0	0
44.00 CORONARY CARE UNIT	0	0	0.00	0	0
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					225,999
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,587,552
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					83,598
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					11,806
52.00 Total Program excludable cost (sum of lines 50 and 51)					95,404
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,492,148
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010 Component CCN: 14-S010		Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/27/2021 10:08 am	
		Title XVIII		Subprovider - IPF	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	660,040	10,749,461	0.061402	0	0	90.00
91.00 Nursing School cost	0	10,749,461	0.000000	0	0	91.00
92.00 Allied health cost	0	10,749,461	0.000000	0	0	92.00
93.00 All other Medical Education	0	10,749,461	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/27/2021 10:08 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,566	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,566	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)		4,566	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)		2,148	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,561,079	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,561,079	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,561,079	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)		998.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,145,680	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,145,680	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/27/2021 10:08 am
			Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
43.01 INFANT SPECIAL CARE UNIT (ISCU)	0	0	0.00	0	0
44.00 CORONARY CARE UNIT	0	0	0.00	0	0
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,567,228
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,712,908
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					153,002
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					62,911
52.00 Total Program excludable cost (sum of lines 50 and 51)					215,913
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,496,995
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0010 Component CCN: 14-T010		Period: From 10/01/2019 To 09/30/2020		Worksheet D-1 Date/Time Prepared: 4/27/2021 10:08 am
			Title XVIII		Subprovider - IRF		PPS
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	325,215	4,561,079	0.071302	0	0	90.00
91.00	Nursing School cost	0	4,561,079	0.000000	0	0	91.00
92.00	Allied health cost	0	4,561,079	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,561,079	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0010 Component CCN: 14-5855	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/27/2021 10:08 am
		Title XVIII	Skilled Nursing Facility	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)		0	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		0	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)		0	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		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)		0	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)		0	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)	0		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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0010 Component CCN: 14-5855	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/27/2021 10:08 am	
				Title XVIII		Skilled Nursing Facility	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			
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
43.01	INFANT SPECIAL CARE UNIT (ISCU)						43.01
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)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						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						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					0	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0.00	71.00
72.00	Program routine service cost (line 9 x line 71)					0	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					0	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					0	83.00
84.00	Program inpatient ancillary services (see instructions)					0	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					0	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0010

Period:

Worksheet D-1

Component CCN: 14-5855

From 10/01/2019
To 09/30/2020Date/Time Prepared:
4/27/2021 10:08 am

Title XVIII

Skilled Nursing
Facility

PPS

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

Health Financial Systems		NORTHSHORE UNIVERSITY HEALTHSYSTEM		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0010	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 4/27/2021 10:08 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		159,722,469	30.00
31.00	03100	INTENSIVE CARE UNIT		39,007,388	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.160438	80,086,602	50.00
51.00	05100	RECOVERY ROOM	0.103271	16,983,248	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.283748	200,042	52.00
53.00	05300	ANESTHESIOLOGY	0.128915	10,949,947	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.248149	24,133,353	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.101593	1,498,016	55.00
56.00	05600	RADIOISOTOPE	0.135465	3,073,987	56.00
57.00	05700	CT SCAN	0.035363	41,146,501	57.00
58.00	05800	MRI	0.066197	9,590,567	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.079947	30,468,089	59.00
60.00	06000	LABORATORY	0.209576	74,111,412	60.00
60.01	06001	VASCULAR LAB	0.119468	4,148,986	60.01
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.269570	2,436,231	63.00
64.00	06400	INTRAVENOUS THERAPY	0.382813	6,616,134	64.00
65.00	06500	RESPIRATORY THERAPY	0.276254	21,308,988	65.00
66.00	06600	PHYSICAL THERAPY	0.492286	1,463	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.395839	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.357008	361	68.00
69.00	06900	ELECTROCARDIOLOGY	0.083436	21,248,543	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.345093	2,617,318	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.447589	31,794,692	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.287906	81,442,964	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.291714	65,303,003	73.00
74.00	07400	RENAL DIALYSIS	0.701098	3,139,157	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.809700	94,726	75.00
76.00	03950	BLANK	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.698001	1,530	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.693088	5,763,535	90.00
91.00	09100	EMERGENCY	0.133261	70,789,716	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.492892	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		608,949,111	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)		608,949,111	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 4/27/2021 10:08 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	03101 INFANT SPECIAL CARE UNIT (ISCU)		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
40.00	04000 SUBPROVIDER - IPF		2,533,111		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.160438	0	0	50.00
51.00	05100 RECOVERY ROOM	0.103271	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.283748	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.128915	89,180	11,497	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.248149	9,644	2,393	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.101593	0	0	55.00
56.00	05600 RADIOISOTOPE	0.135465	5,671	768	56.00
57.00	05700 CT SCAN	0.035363	30,989	1,096	57.00
58.00	05800 MRI	0.066197	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.079947	0	0	59.00
60.00	06000 LABORATORY	0.209576	216,587	45,391	60.00
60.01	06001 VASCULAR LAB	0.119468	4,522	540	60.01
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.269570	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.382813	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.276254	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.492286	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.395839	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.357008	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.083436	34,450	2,874	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.345093	1,257	434	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.447589	1,029	461	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.287906	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.291714	234,128	68,298	73.00
74.00	07400 RENAL DIALYSIS	0.701098	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.809700	0	0	75.00
76.00	03950 BLANK	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.698001	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.693088	39,950	27,689	90.00
91.00	09100 EMERGENCY	0.133261	484,450	64,558	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.492892	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,151,857	225,999	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		1,151,857		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 4/27/2021 10:08 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	03101 INFANT SPECIAL CARE UNIT (ISCU)		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		4,122,822		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.160438	0	0	50.00
51.00	05100 RECOVERY ROOM	0.103271	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.283748	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.128915	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.248149	56,588	14,042	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.101593	20,448	2,077	55.00
56.00	05600 RADIOISOTOPE	0.135465	2,870	389	56.00
57.00	05700 CT SCAN	0.035363	102,860	3,637	57.00
58.00	05800 MRI	0.066197	29,153	1,930	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.079947	0	0	59.00
60.00	06000 LABORATORY	0.209576	346,988	72,720	60.00
60.01	06001 VASCULAR LAB	0.119468	40,744	4,868	60.01
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.269570	10,704	2,885	63.00
64.00	06400 INTRAVENOUS THERAPY	0.382813	2,427,928	929,442	64.00
65.00	06500 RESPIRATORY THERAPY	0.276254	145,564	40,213	65.00
66.00	06600 PHYSICAL THERAPY	0.492286	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.395839	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.357008	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.083436	13,045	1,088	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.345093	1,257	434	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.447589	69,002	30,885	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.287906	4,796	1,381	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.291714	822,846	240,036	73.00
74.00	07400 RENAL DIALYSIS	0.701098	41,632	29,188	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.809700	0	0	75.00
76.00	03950 BLANK	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.698001	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.693088	277,040	192,013	90.00
91.00	09100 EMERGENCY	0.133261	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.492892	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		4,413,465	1,567,228	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		4,413,465		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 4/27/2021 10:08 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)			0 1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			157,323,876 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)			
2.01	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)			0 2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			3,002,668 2.04
3.00	Managed Care Simulated Payments			37,248,177 3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			700.66 4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			170.74 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)			170.74 9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			197.05 10.00
11.00	FTE count for residents in dental and podiatric programs.			5.03 11.00
12.00	Current year allowable FTE (see instructions)			175.77 12.00
13.00	Total allowable FTE count for the prior year.			176.07 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.			175.73 14.00
15.00	Sum of lines 12 through 14 divided by 3.			175.86 15.00
16.00	Adjustment for residents in initial years of the program			0.00 16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00 17.00
18.00	Adjusted rolling average FTE count			175.86 18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.250992 19.00
20.00	Prior year resident to bed ratio (see instructions)			0.274359 20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.250992 21.00
22.00	IME payment adjustment (see instructions)			20,162,785 22.00
22.01	IME payment adjustment - Managed Care (see instructions)			4,773,764 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)			26.31 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)			20,162,785 29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			4,773,764 29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			3.03 30.00
31.00	Percentage of Medicaid patient days (see instructions)			14.96 31.00
32.00	Sum of lines 30 and 31			17.99 32.00
33.00	Allowable disproportionate share percentage (see instructions)			4.44 33.00
34.00	Disproportionate share adjustment (see instructions)			1,746,295 34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 4/27/2021 10:08 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)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	7,361,160	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	7,361,160	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		7,361,160		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)	189,596,784			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			194,370,548	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			14,502,908	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).			5,853,781	52.00
53.00	Nursing and Allied Health Managed Care payment			147,205	53.00
54.00	Special add-on payments for new technologies			454,003	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			252,379	58.00
59.00	Total (sum of amounts on lines 49 through 58)			215,580,824	59.00
60.00	Primary payer payments			98,705	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			215,482,119	61.00
62.00	Deductibles billed to program beneficiaries			14,972,628	62.00
63.00	Coinsurance billed to program beneficiaries			475,299	63.00
64.00	Allowable bad debts (see instructions)			1,949,065	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,266,892	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,545,474	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			201,301,084	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	MSP PASS THRU RECON			20	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)			437,443	70.93
70.94	HRR adjustment amount (see instructions)			-1,120,223	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet E
Part A
Date/Time Prepared:
4/27/2021 10:08 am

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		200,618,324	71.00	
71.01	Sequestration adjustment (see instructions)		2,327,173	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		199,123,806	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)		-832,655	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		6,184,867	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	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	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00	
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00	
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
4/27/2021 10:08 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
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	157,323,876	0	0	157,323,876	157,323,876
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0	0	0
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	3,002,668	0	0	3,002,668	3,002,668
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	37,248,177	0	0	37,248,177	37,248,177
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.250992	0.250992	0.250992	0.250992	0.250992
6.00	IME payment adjustment (see instructions)	22.00	20,162,785	0	0	20,162,785	20,162,785
6.01	IME payment adjustment for managed care (see instructions)	22.01	4,773,764	0	0	4,773,764	4,773,764
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	0.000000
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	20,162,785	0	0	20,162,785	20,162,785
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	4,773,764	0	0	4,773,764	4,773,764
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0444	0.0444	0.0444	0.0444	0.0444
11.00	Disproportionate share adjustment (see instructions)	34.00	1,746,295	0	0	1,746,295	1,746,295
11.01	Uncompensated care payments	36.00	7,361,160	0	0	7,361,160	7,361,160
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	189,596,784	0	0	189,596,784	189,596,784
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	194,370,548	0	0	194,370,548	194,370,548
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	14,502,908	0	0	14,502,908	14,502,908

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
4/27/2021 10:08 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	454,003	0	0	454,003	454,003	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	0	209,327,459	209,327,459	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	12,459,946	0	0	12,459,946	12,459,946	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	81,766	0	0	81,766	81,766	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1203	0.1203	0.1203	0.1203		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,498,932	0	0	1,498,932	1,498,932	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0371	0.0371	0.0371	0.0371		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	462,264	0	0	462,264	462,264	25.00
26.00	Total prospective capital payments (see instructions)	12.00	14,502,908	0	0	14,502,908	14,502,908	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
4/27/2021 10:08 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	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	157,323,876		157,323,876	157,323,876	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	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	3,002,668		3,002,668	3,002,668	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	37,248,177	0	37,248,177	37,248,177	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.250992	0.250992	0.250992		5.00
6.00	IME payment adjustment (see instructions)	22.00	20,162,785	0	20,162,785	20,162,785	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	4,773,764	0	4,773,764	4,773,764	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	20,162,785	0	20,162,785	20,162,785	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	4,773,764	0	4,773,764	4,773,764	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0444	0.0444	0.0444		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,746,295	0	1,746,295	1,746,295	11.00
11.01	Uncompensated care payments	36.00	7,361,160	0	7,361,160	7,361,160	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	189,596,784	0	189,596,784	189,596,784	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	194,370,548	0	194,370,548	194,370,548	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	14,502,908	0	14,502,908	14,502,908	16.00
17.00	Special add-on payments for new technologies	54.00	454,003	0	454,003	454,003	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			0	209,327,459	209,327,459	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
4/27/2021 10:08 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	12,459,946	0	12,459,946	12,459,946	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	81,766	0	81,766	81,766	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	0.1203	0.1203	0.1203		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,498,932	0	1,498,932	1,498,932	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0371	0.0371	0.0371		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	462,264	0	462,264	462,264	25.00
26.00	Total prospective capital payments (see instructions)	12.00	14,502,908	0	14,502,908	14,502,908	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	437,443	0	437,443	437,443	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	-1,120,223	0	-1,120,223	-1,120,223	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: 14-0010	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part B Date/Time Prepared: 4/27/2021 10:08 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,303,159	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		251,126,260	2.00
3.00	OPPS payments		196,988,141	3.00
4.00	Outlier payment (see instructions)		1,036,606	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		816,246	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,303,159	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		4,900,079	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)		4,900,079	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)		4,900,079	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		3,596,920	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)		1,303,159	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)		198,840,993	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		192,996	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		36,162,689	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)		163,788,467	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		6,170,154	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)		169,958,621	30.00
31.00	Primary payer payments		12,762	31.00
32.00	Subtotal (line 30 minus line 31)		169,945,859	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)		2,558,280	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,662,882	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,884,263	36.00
37.00	Subtotal (see instructions)		171,608,741	37.00
38.00	MSP-LCC reconciliation amount from PS&R		286	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)		3,406	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		171,608,455	40.00
40.01	Sequestration adjustment (see instructions)		1,990,658	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		170,047,926	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-430,129	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		3,582,633	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part B Date/Time Prepared: 4/27/2021 10:08 am
		Title XVIII	Subprovider - IPF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,108	2.00
3.00	OPPS payments		1,448	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a 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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		1,448	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)		290	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)		1,158	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,158	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,158	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,158	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,158	40.00
40.01	Sequestration adjustment (see instructions)		13	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		1,136	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)		9	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part B Date/Time Prepared: 4/27/2021 10:08 am
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		648	2.00
3.00	OPPS payments		545	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		545	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)		109	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)		436	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		436	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		436	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		436	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		436	40.00
40.01	Sequestration adjustment (see instructions)		5	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		430	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		1	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: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part I
Date/Time Prepared:
4/27/2021 10:08 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		199,123,806		170,047,926	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		199,123,806		170,047,926	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		832,655		430,129	6.02	
7.00	Total Medicare program liability (see instructions)		198,291,151		169,617,797	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0010
 Component CCN: 14-S010

 Period:
 From 10/01/2019
 To 09/30/2020

 Worksheet E-1
 Part I
 Date/Time Prepared:
 4/27/2021 10:08 am

		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,007,472		1,136		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0		3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,007,472		1,136		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		45,992		9		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		1,053,464		1,145		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0010
 Component CCN: 14-T010

 Period:
 From 10/01/2019
 To 09/30/2020

 Worksheet E-1
 Part I
 Date/Time Prepared:
 4/27/2021 10:08 am

		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,779,091		430		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,779,091		430		4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0		5.01
5.02			0		0		5.02
5.03			0		0		5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0		5.50
5.51			0		0		5.51
5.52			0		0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		1		6.01
6.02	SETTLEMENT TO PROGRAM		42,210		0		6.02
7.00	Total Medicare program liability (see instructions)		3,736,881		431		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part II
Date/Time Prepared:
4/27/2021 10:08 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 Component CCN: 14-S010	Period: From 10/01/2019 To 09/30/2020	Worksheet E-3 Part II Date/Time Prepared: 4/27/2021 10:08 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,005,576	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		35,805	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		9.86	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		4.75	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		4.75	8.00
9.00	Average Daily Census (see instructions)		22.800546	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.102364	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		102,935	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,144,316	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,144,316	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,144,316	18.00
19.00	Deductibles		108,636	19.00
20.00	Subtotal (line 18 minus line 19)		1,035,680	20.00
21.00	Coinurance		3,069	21.00
22.00	Subtotal (line 20 minus line 21)		1,032,611	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		49,715	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		32,315	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		36,311	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,064,926	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		902	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,065,828	31.00
31.01	Sequestration adjustment (see instructions)		12,364	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		1,007,472	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		45,992	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,540	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 Component CCN: 14-T010	Period: From 10/01/2019 To 09/30/2020	Worksheet E-3 Part III Date/Time Prepared: 4/27/2021 10:08 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,507,597 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0149 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			157,140 3.00
4.00	Outlier Payments			12,051 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			2.81 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.45 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.45 9.00
10.00	Average Daily Census (see instructions)			12.475410 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.036670 11.00
12.00	Teaching Adjustment (see instructions)			128,624 12.00
13.00	Total PPS Payment (see instructions)			3,805,412 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,805,412 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,805,412 19.00
20.00	Deductibles			9,768 20.00
21.00	Subtotal (line 19 minus line 20)			3,795,644 21.00
22.00	Coinurance			29,667 22.00
23.00	Subtotal (line 21 minus line 22)			3,765,977 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			18,414 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			11,969 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			18,414 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,777,946 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			2,792 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,780,738 32.00
32.01	Sequestration adjustment (see instructions)			43,857 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,779,091 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-42,210 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,795 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			12,051 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 Component CCN: 14-5855	Period: From 10/01/2019 To 09/30/2020	Worksheet E-3 Part VI Date/Time Prepared: 4/27/2021 10:08 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		0	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		0	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		0	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		0	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		0	15.00
15.01	Sequestration adjustment (see instructions)		0	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
15.75	Sequestration for non-claims based amounts (see instructions)		0	15.75
16.00	Interim payments		0	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 15.75, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0010		Period: From 10/01/2019 To 09/30/2020		Worksheet E-4 Date/Time Prepared: 4/27/2021 10:08 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.					179.89	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)					0.36	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)					179.53	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					204.11	6.00
7.00	Enter the lesser of line 5 or line 6					179.53	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.	91.68		93.73		185.41 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.	80.64		82.44		163.08 9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year			5.03		10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year			5.03		10.01	
11.00	Total weighted FTE count	80.64		87.47		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	83.28		85.47		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	85.09		83.80		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	83.00		85.58		14.00	
15.00	Adjustment for residents in initial years of new programs	0.00		0.00		15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00		0.00		15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00		0.00		16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00		0.00		16.01	
17.00	Adjusted rolling average FTE count	83.00		85.58		17.00	
18.00	Per resident amount	138,759.84		130,524.59		18.00	
19.00	Approved amount for resident costs	11,517,067		11,170,294		22,687,361 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)					24.58 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)					22,687,361 25.00	
		Inpatient Part A		Managed Care Prior to 1/1		Managed Care On or after 1/1	
		1.00		2.00		2.01	
						3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	74,484		0		18,411 26.00	
27.00	Total Inpatient Days (see instructions)	172,847		172,847		172,847 27.00	
28.00	Ratio of inpatient days to total inpatient days	0.430924		0.000000		0.106516 28.00	
29.00	Program direct GME amount	9,776,528		0		2,416,567 29.00	
29.01	Percent reduction for MA DGME			7.00		7.00 29.01	
30.00	Reduction for direct GME payments for Medicare Advantage			0		169,160 30.00	
31.00	Net Program direct GME amount					12,023,935 31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0010	Period: From 10/01/2019 To 09/30/2020	Worksheet E-4 Date/Time Prepared: 4/27/2021 10:08 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)			5,028,675	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)			240,344,495	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)			98,705	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			240,245,790	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			253,248,421	42.00
43.00	Primary payer payments (see instructions)			17,934	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			253,230,487	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			493,476,277	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.486844	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.513156	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			12,023,935	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			5,853,781	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			6,170,154	50.00

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

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet G

Date/Time Prepared:
4/27/2021 10:08 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	242,413,917	0	0	0	1.00
2.00 Temporary investments	75,841,890	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	293,108,964	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-93,569,553	0	0	0	6.00
7.00 Inventory	27,283,200	0	0	0	7.00
8.00 Prepaid expenses	52,119,489	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)	597,197,907	0	0	0	11.00
FIXED ASSETS					
12.00 Land	73,457,282	0	0	0	12.00
13.00 Land improvements	33,440,097	0	0	0	13.00
14.00 Accumulated depreciation	-27,106,794	0	0	0	14.00
15.00 Buildings	1,973,986,936	0	0	0	15.00
16.00 Accumulated depreciation	-779,442,352	0	0	0	16.00
17.00 Leasehold improvements	56,301,160	0	0	0	17.00
18.00 Accumulated depreciation	-47,319,702	0	0	0	18.00
19.00 Fixed equipment	401,077,724	0	0	0	19.00
20.00 Accumulated depreciation	-235,437,197	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	0	0	0	0	23.00
24.00 Accumulated depreciation	0	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	88,360,243	0	0	0	27.00
28.00 Accumulated depreciation	-62,406,249	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)	1,474,911,148	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	2,683,678,936	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	166,076,902	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	2,849,755,838	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	4,921,864,893	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	169,095,642	0	0	0	37.00
38.00 Salaries, wages, and fees payable	0	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	643,542,781	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	812,638,423	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	0	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	1,236,049,714	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	1,236,049,714	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	2,048,688,137	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	2,873,176,756	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	2,873,176,756	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	4,921,864,893	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet G-1

Date/Time Prepared:
4/27/2021 10:08 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		2,449,758,677		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		273,023,240				2.00
3.00	Total (sum of line 1 and line 2)		2,722,781,917		0		3.00
4.00	ADJ - INDIRECT EXP AND STATS	99,834,799		0		0	4.00
5.00	CHANGE IN INVESTMENT VALUATION	160,894,089		0		0	5.00
6.00	CONTRIBUTIONS TEMPORARILY RESTRICTED	12,400,007		0		0	6.00
7.00	NET REALIZED GAINS ON INVESTMENTS	8,994,604		0		0	7.00
8.00	UNREALIZED INCOME	11,885,579		0		0	8.00
9.00	CHANGE IN BOARD DESIGNATED	80,564		0		0	9.00
10.00	Total additions (sum of line 4-9)		294,089,642		0		10.00
11.00	Subtotal (line 3 plus line 10)		3,016,871,559		0		11.00
12.00	SWEDISH INHERENT GAIN	119,593,088		0		0	12.00
13.00	NET ASSETS RELEASED FROM RESTRICTION	14,332,064		0		0	13.00
14.00	PENSION & SERP EQUITY ADJUSTMENTS	9,769,651		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)		143,694,803		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		2,873,176,756		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	ADJ - INDIRECT EXP AND STATS		0				4.00
5.00	CHANGE IN INVESTMENT VALUATION		0				5.00
6.00	CONTRIBUTIONS TEMPORARILY RESTRICTED		0				6.00
7.00	NET REALIZED GAINS ON INVESTMENTS		0				7.00
8.00	UNREALIZED INCOME		0				8.00
9.00	CHANGE IN BOARD DESIGNATED		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	SWEDISH INHERENT GAIN		0				12.00
13.00	NET ASSETS RELEASED FROM RESTRICTION		0				13.00
14.00	PENSION & SERP EQUITY ADJUSTMENTS		0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	321,478,589		321,478,589	1.00
2.00	SUBPROVIDER - IPF	19,929,100		19,929,100	2.00
3.00	SUBPROVIDER - IRF	8,785,948		8,785,948	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	350,193,637		350,193,637	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	90,536,936		90,536,936	11.00
11.01	INFANT SPECIAL CARE UNIT (ISCU)	50,213,017		50,213,017	11.01
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	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)	140,749,953		140,749,953	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	490,943,590		490,943,590	17.00
18.00	Ancillary services	1,223,654,033	2,434,518,702	3,658,172,735	18.00
19.00	Outpatient services	143,648,275	482,022,941	625,671,216	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		15,146,813	15,146,813	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	12,648,420	12,648,420	26.00
27.00	OTHER PHYSICIAN REVENUE	0	93,645,868	93,645,868	27.00
27.01	OUTPATIENT SHARED REVENUE	0	233,912,190	233,912,190	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,858,245,898	3,271,894,934	5,130,140,832	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,622,864,035		29.00
30.00	RESEARCH DIRECT OPERATING EXPENSES	27,211,615			30.00
31.00	FOUNDATION DIRECT OPERATING EXPENSES	8,502,234			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)		35,713,849		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)		1,658,577,884		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0010

Period:
From 10/01/2019
To 09/30/2020

Worksheet G-3

Date/Time Prepared:
4/27/2021 10:08 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	5,130,140,832	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,585,324,346	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,544,816,486	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,658,577,884	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-113,761,398	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	7,138,234	6.00
7.00	Income from investments	5,378,391	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	1,059,295	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	3,800,342	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	15,070	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	1,435,476	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	597,214	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	30,627,630	22.00
23.00	Governmental appropriations	0	23.00
24.00	LAB REF TEST GRANT INC EPIC INDE R	15,166,173	24.00
24.01	RESEARCH/FOUNDATION PGRM REVENUE	33,130,933	24.01
24.02	NON OPERATING INCOME	282,975,761	24.02
24.50	COVID-19 PHE Funding	93,574,649	24.50
25.00	Total other income (sum of lines 6-24)	474,899,168	25.00
26.00	Total (line 5 plus line 25)	361,137,770	26.00
27.00	INTERCOMPANY TRANSFER	88,114,530	27.00
27.01	GOODWILL IMPAIRMENT	0	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	88,114,530	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	273,023,240	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0010

Period:

Worksheet H

HHA CCN: 14-7001

From 10/01/2019

Date/Time Prepared:

To 09/30/2020

4/27/2021 10:08 am

Home Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00 Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00 Capital Related - Movable Equipment			0		0	0	2.00
3.00 Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00 Transportation	0	0	248,807	0	0	248,807	4.00
5.00 Administrative and General	2,710,781	665,251	0	622,746	0	3,998,778	5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	2,547,852	632,796	0	0	0	3,180,648	6.00
7.00 Physical Therapy	2,343,556	582,056	0	0	0	2,925,612	7.00
8.00 Occupational Therapy	345,618	85,839	0	0	0	431,457	8.00
9.00 Speech Pathology	47,190	11,720	0	0	0	58,910	9.00
10.00 Medical Social Services	21,890	5,437	0	0	0	27,327	10.00
11.00 Home Health Aide	66,353	16,480	0	0	0	82,833	11.00
12.00 Supplies (see instructions)	0	0	0	305,942	0	305,942	12.00
13.00 Drugs	0	0	0	18,991	0	18,991	13.00
14.00 DME	0	0	0	2,070,008	0	2,070,008	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)	8,083,240	1,999,579	248,807	3,017,687	0	13,349,313	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00 Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00 Capital Related - Movable Equipment	0	0	0	0			2.00
3.00 Plant Operation & Maintenance	0	0	0	0			3.00
4.00 Transportation	0	248,807	0	248,807			4.00
5.00 Administrative and General	0	3,998,778	-1,695	3,997,083			5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	0	3,180,648	0	3,180,648			6.00
7.00 Physical Therapy	0	2,925,612	0	2,925,612			7.00
8.00 Occupational Therapy	0	431,457	0	431,457			8.00
9.00 Speech Pathology	0	58,910	0	58,910			9.00
10.00 Medical Social Services	0	27,327	0	27,327			10.00
11.00 Home Health Aide	0	82,833	0	82,833			11.00
12.00 Supplies (see instructions)	0	305,942	0	305,942			12.00
13.00 Drugs	0	18,991	0	18,991			13.00
14.00 DME	0	2,070,008	0	2,070,008			14.00
HHA NONREIMBURSABLE SERVICES							
15.00 Home Dialysis Aide Services	0	0	0	0			15.00
16.00 Respiratory Therapy	0	0	0	0			16.00
17.00 Private Duty Nursing	0	0	0	0			17.00
18.00 Clinic	0	0	0	0			18.00
19.00 Health Promotion Activities	0	0	0	0			19.00
20.00 Day Care Program	0	0	0	0			20.00
21.00 Home Delivered Meals Program	0	0	0	0			21.00
22.00 Homemaker Service	0	0	0	0			22.00
23.00 All Others (specify)	0	0	0	0			23.00
23.50 Telemedicine	0	0	0	0			23.50
24.00 Total (sum of lines 1-23)	0	13,349,313	-1,695	13,347,618			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 14-0010

Period:

Worksheet H-1

HHA CCN: 14-7001

From 10/01/2019
To 09/30/2020Part I
Date/Time Prepared:
4/27/2021 10:08 amHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
			0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	248,807	0	0	0	248,807		4.00
5.00	Administrative and General	3,997,083	0	0	0	0	3,997,083	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	3,180,648	0	0	0	112,745	3,293,393	6.00
7.00	Physical Therapy	2,925,612	0	0	0	106,017	3,031,629	7.00
8.00	Occupational Therapy	431,457	0	0	0	17,525	448,982	8.00
9.00	Speech Pathology	58,910	0	0	0	2,234	61,144	9.00
10.00	Medical Social Services	27,327	0	0	0	1,276	28,603	10.00
11.00	Home Health Aide	82,833	0	0	0	9,010	91,843	11.00
12.00	Supplies (see instructions)	305,942	0	0	0	0	305,942	12.00
13.00	Drugs	18,991	0	0	0	0	18,991	13.00
14.00	DME	2,070,008	0	0	0	0	2,070,008	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)	13,347,618	0	0	0	248,807	13,347,618	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	3,997,083						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,407,832	4,701,225					6.00
7.00	Physical Therapy	1,295,933	4,327,562					7.00
8.00	Occupational Therapy	191,927	640,909					8.00
9.00	Speech Pathology	26,137	87,281					9.00
10.00	Medical Social Services	12,227	40,830					10.00
11.00	Home Health Aide	39,260	131,103					11.00
12.00	Supplies (see instructions)	130,781	436,723					12.00
13.00	Drugs	8,118	27,109					13.00
14.00	DME	884,868	2,954,876					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)		13,347,618					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0010

Period:

Worksheet H-1

HHA CCN: 14-7001

From 10/01/2019
To 09/30/2020Part II
Date/Time Prepared:
4/27/2021 10:08 amHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	9,101,721	0		3.00
4.00	Transportation (see instructions)	0	0	0	29,629		4.00
5.00	Administrative and General	0	0	0	0	-3,997,083	5.00
	9,350,535						
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	3,180,647	13,426	0	6.00
7.00	Physical Therapy	0	0	2,925,611	12,625	0	7.00
8.00	Occupational Therapy	0	0	431,457	2,087	0	8.00
9.00	Speech Pathology	0	0	58,911	266	0	9.00
10.00	Medical Social Services	0	0	27,327	152	0	10.00
11.00	Home Health Aide	0	0	82,833	1,073	0	11.00
12.00	Supplies (see instructions)	0	0	305,942	0	0	12.00
13.00	Drugs	0	0	18,991	0	0	13.00
14.00	DME	0	0	2,070,002	0	0	14.00
	2,070,008						
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	9,101,721	29,629	-3,997,083	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	248,807		25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	8.397415		26.00
	0.427471						

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0010

Period:

Worksheet H-2

HHA CCN: 14-7001

From 10/01/2019
To 09/30/2020Part I
Date/Time Prepared:
4/27/2021 10:08 amHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	41,298	0	91,022	132,320	32,359	1.00
2.00	Skilled Nursing Care	4,701,225	46,061	0	85,552	4,832,838	1,181,860	2.00
3.00	Physical Therapy	4,327,562	27,595	0	78,692	4,433,849	1,084,289	3.00
4.00	Occupational Therapy	640,909	4,010	0	11,605	656,524	160,552	4.00
5.00	Speech Pathology	87,281	689	0	1,585	89,555	21,900	5.00
6.00	Medical Social Services	40,830	392	0	735	41,957	10,261	6.00
7.00	Home Health Aide	131,103	2,322	0	2,228	135,653	33,174	7.00
8.00	Supplies (see instructions)	436,723	0	0	0	436,723	106,800	8.00
9.00	Drugs	27,109	0	0	0	27,109	6,629	9.00
10.00	DME	2,954,876	0	0	0	2,954,876	722,609	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)	13,347,618	122,367	0	271,419	13,741,404	3,360,433	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	0	140,196	0	35,459	0	18,530	1.00
2.00	Skilled Nursing Care	0	156,375	0	39,551	0	20,670	2.00
3.00	Physical Therapy	0	93,678	0	23,694	0	12,381	3.00
4.00	Occupational Therapy	0	13,612	0	3,443	0	1,799	4.00
5.00	Speech Pathology	0	2,337	0	591	0	306	5.00
6.00	Medical Social Services	0	1,329	0	336	0	173	6.00
7.00	Home Health Aide	0	7,883	0	1,994	0	1,041	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	415,410	0	105,068	0	54,900	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0010

Period:

Worksheet H-2

HHA CCN: 14-7001

From 10/01/2019

Part I

To 09/30/2020

Date/Time Prepared:

4/27/2021 10:08 am

Home Health
Agency I

PPS

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	0	0	0	18,215	1.00
2.00	Skilled Nursing Care	0	378,925	0	0	10,839	20,323	2.00
3.00	Physical Therapy	0	0	0	0	9,787	12,143	3.00
4.00	Occupational Therapy	0	0	0	0	1,470	1,771	4.00
5.00	Speech Pathology	0	0	0	0	209	337	5.00
6.00	Medical Social Services	0	0	0	0	129	169	6.00
7.00	Home Health Aide	0	0	0	0	429	1,012	7.00
8.00	Supplies (see instructions)	0	0	1,993	0	0	0	8.00
9.00	Drugs	0	0	0	2,563	0	0	9.00
10.00	DME	0	0	0	0	4,704	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	378,925	1,993	2,563	27,567	53,970	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		OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM- PHARMACY	
		18.00	19.00	20.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0010

Period:

Worksheet H-2

HHA CCN: 14-7001

From 10/01/2019
To 09/30/2020Part I
Date/Time Prepared:
4/27/2021 10:08 amHome Health
Agency I

PPS

Cost Center Description		PARAMED ED PRGM-MEDICAL TECH	PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
		23.01	23.02	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	0	377,079	0	377,079		1.00
2.00	Skilled Nursing Care	0	0	6,641,381	0	6,641,381	140,965	2.00
3.00	Physical Therapy	0	0	5,669,821	0	5,669,821	120,348	3.00
4.00	Occupational Therapy	0	0	839,171	0	839,171	17,812	4.00
5.00	Speech Pathology	0	0	115,235	0	115,235	2,446	5.00
6.00	Medical Social Services	0	0	54,354	0	54,354	1,154	6.00
7.00	Home Health Aide	0	0	181,186	0	181,186	3,846	7.00
8.00	Supplies (see instructions)	0	0	545,516	0	545,516	11,579	8.00
9.00	Drugs	0	0	36,301	0	36,301	771	9.00
10.00	DME	0	0	3,682,189	0	3,682,189	78,158	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	18,142,233	0	18,142,233	377,079	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.						0.021226	21.00
Cost Center Description		Total HHA Costs 28.00						
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	6,782,346						2.00
3.00	Physical Therapy	5,790,169						3.00
4.00	Occupational Therapy	856,983						4.00
5.00	Speech Pathology	117,681						5.00
6.00	Medical Social Services	55,508						6.00
7.00	Home Health Aide	185,032						7.00
8.00	Supplies (see instructions)	557,095						8.00
9.00	Drugs	37,072						9.00
10.00	DME	3,760,347						10.00
11.00	Home Dialysis Aide Services	0						11.00
12.00	Respiratory Therapy	0						12.00
13.00	Private Duty Nursing	0						13.00
14.00	Clinic	0						14.00
15.00	Health Promotion Activities	0						15.00
16.00	Day Care Program	0						16.00
17.00	Home Delivered Meals Program	0						17.00
18.00	Homemaker Service	0						18.00
19.00	All Others (specify)	0						19.00
19.50	Telemedicine	0						19.50
20.00	Total (sum of lines 1-19) (2)	18,142,233						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 STATISTICAL BASIS

Provider CCN: 14-0010
HHA CCN: 14-7001Period:
From 10/01/2019
To 09/30/2020Worksheet H-2
Part II
Date/Time Prepared:
4/27/2021 10:08 am

						Home Health Agency I	PPS
Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPE NSE)				
		1.00	2.00	4.00	5A	5.00	6.00
1.00	Administrative and General	3,059	0	2,710,781	0	132,320	0
2.00	Skilled Nursing Care	3,412	0	2,547,852	0	4,832,838	0
3.00	Physical Therapy	2,044	0	2,343,556	0	4,433,849	0
4.00	Occupational Therapy	297	0	345,618	0	656,524	0
5.00	Speech Pathology	51	0	47,190	0	89,555	0
6.00	Medical Social Services	29	0	21,890	0	41,957	0
7.00	Home Health Aide	172	0	66,353	0	135,653	0
8.00	Supplies (see instructions)	0	0	0	0	436,723	0
9.00	Drugs	0	0	0	0	27,109	0
10.00	DME	0	0	0	0	2,954,876	0
11.00	Home Dialysis Aide Services	0	0	0	0	0	0
12.00	Respiratory Therapy	0	0	0	0	0	0
13.00	Private Duty Nursing	0	0	0	0	0	0
14.00	Clinic	0	0	0	0	0	0
15.00	Health Promotion Activities	0	0	0	0	0	0
16.00	Day Care Program	0	0	0	0	0	0
17.00	Home Delivered Meals Program	0	0	0	0	0	0
18.00	Homemaker Service	0	0	0	0	0	0
19.00	All Others (specify)	0	0	0	0	0	0
19.50	Telemedicine	0	0	0	0	0	0
20.00	Total (sum of lines 1-19)	9,064	0	8,083,240	0	13,741,404	0
21.00	Total cost to be allocated	122,367	0	271,419	0	3,360,433	0
22.00	Unit cost multiplier	13.500331	0.000000	0.033578	0	0.244548	0.000000
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)
		7.00	8.00	9.00	10.00	11.00	12.00
1.00	Administrative and General	3,059	0	3,059	0	61,722	0
2.00	Skilled Nursing Care	3,412	0	3,412	0	68,846	0
3.00	Physical Therapy	2,044	0	2,044	0	41,241	0
4.00	Occupational Therapy	297	0	297	0	5,992	0
5.00	Speech Pathology	51	0	51	0	1,020	0
6.00	Medical Social Services	29	0	29	0	575	0
7.00	Home Health Aide	172	0	172	0	3,469	0
8.00	Supplies (see instructions)	0	0	0	0	0	0
9.00	Drugs	0	0	0	0	0	0
10.00	DME	0	0	0	0	0	0
11.00	Home Dialysis Aide Services	0	0	0	0	0	0
12.00	Respiratory Therapy	0	0	0	0	0	0
13.00	Private Duty Nursing	0	0	0	0	0	0
14.00	Clinic	0	0	0	0	0	0
15.00	Health Promotion Activities	0	0	0	0	0	0
16.00	Day Care Program	0	0	0	0	0	0
17.00	Home Delivered Meals Program	0	0	0	0	0	0
18.00	Homemaker Service	0	0	0	0	0	0
19.00	All Others (specify)	0	0	0	0	0	0
19.50	Telemedicine	0	0	0	0	0	0
20.00	Total (sum of lines 1-19)	9,064	0	9,064	0	182,865	0
21.00	Total cost to be allocated	415,410	0	105,068	0	54,900	0
22.00	Unit cost multiplier	45.830759	0.000000	11.591792	0.000000	0.300221	0.000000

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0010

Period:

Worksheet H-2

HHA CCN: 14-7001

From 10/01/2019
To 09/30/2020Part II
Date/Time Prepared:
4/27/2021 10:08 amHome Health
Agency I

PPS

Cost Center Description		NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE SPECIFY SERVICE (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	17.00	18.00	
1.00	Administrative and General	0	0	0	0	216	0	1.00
2.00	Skilled Nursing Care	39	0	0	5,955,319	241	0	2.00
3.00	Physical Therapy	0	0	0	5,377,445	144	0	3.00
4.00	Occupational Therapy	0	0	0	807,636	21	0	4.00
5.00	Speech Pathology	0	0	0	115,036	4	0	5.00
6.00	Medical Social Services	0	0	0	71,136	2	0	6.00
7.00	Home Health Aide	0	0	0	235,726	12	0	7.00
8.00	Supplies (see instructions)	0	4,613	0	0	0	0	8.00
9.00	Drugs	0	0	18,991	0	0	0	9.00
10.00	DME	0	0	0	2,584,515	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)	39	4,613	18,991	15,146,813	640	0	20.00
21.00	Total cost to be allocated	378,925	1,993	2,563	27,567	53,970	0	21.00
22.00	Unit cost multiplier	9,716.025641	0.432040	0.134959	0.001820	84.328125	0.000000	22.00
Cost Center Description		INTERNS & RESIDENTS					PARAMED ED PRGM- MEDICAL TECH (ASSIGNED TIME)	
		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED ED PRGM- PHARMACY (ASSIGNED TIME)		
		19.00	20.00	21.00	22.00	23.00		
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0010

Period:

Worksheet H-2

HHA CCN: 14-7001

From 10/01/2019
To 09/30/2020Part II
Date/Time Prepared:
4/27/2021 10:08 amHome Health
Agency I

PPS

Cost Center Description		PARAMED ED PRGM-SCHOOL OF ANESTHESI (ASSIGNED TIME)		
		23.02		
1.00	Administrative and General	0		1.00
2.00	Skilled Nursing Care	0		2.00
3.00	Physical Therapy	0		3.00
4.00	Occupational Therapy	0		4.00
5.00	Speech Pathology	0		5.00
6.00	Medical Social Services	0		6.00
7.00	Home Health Aide	0		7.00
8.00	Supplies (see instructions)	0		8.00
9.00	Drugs	0		9.00
10.00	DME	0		10.00
11.00	Home Dialysis Aide Services	0		11.00
12.00	Respiratory Therapy	0		12.00
13.00	Private Duty Nursing	0		13.00
14.00	Clinic	0		14.00
15.00	Health Promotion Activities	0		15.00
16.00	Day Care Program	0		16.00
17.00	Home Delivered Meals Program	0		17.00
18.00	Homemaker Service	0		18.00
19.00	All Others (specify)	0		19.00
19.50	Telemedicine	0		19.50
20.00	Total (sum of lines 1-19)	0		20.00
21.00	Total cost to be allocated	0		21.00
22.00	Unit cost multiplier	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0010

Period:

Worksheet H-3

HHA CCN: 14-7001

From 10/01/2019
To 09/30/2020Part I
Date/Time Prepared:
4/27/2021 10:08 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	6,782,346		6,782,346	28,330	239.41	1.00	
2.00	Physical Therapy	3.00	5,790,169	0	5,790,169	25,581	226.35	2.00	
3.00	Occupational Therapy	4.00	856,983	0	856,983	3,842	223.06	3.00	
4.00	Speech Pathology	5.00	117,681	0	117,681	520	226.31	4.00	
5.00	Medical Social Services	6.00	55,508		55,508	282	196.84	5.00	
6.00	Home Health Aide	7.00	185,032		185,032	1,784	103.72	6.00	
7.00	Total (sum of lines 1-6)		13,787,719	0	13,787,719	60,339		7.00	
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits				
					Part B				
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
		0	1.00	2.00	3.00	4.00	5.00		
	Limitation Cost Computation								
8.00	Skilled Nursing Care		16974	0	9,484			8.00	
8.01	Skilled Nursing Care		29404	0	3,942			8.01	
9.00	Physical Therapy		16974	0	8,706			9.00	
9.01	Physical Therapy		29404	0	3,919			9.01	
10.00	Occupational Therapy		16974	0	1,697			10.00	
10.01	Occupational Therapy		29404	0	390			10.01	
11.00	Speech Pathology		16974	0	175			11.00	
11.01	Speech Pathology		29404	0	91			11.01	
12.00	Medical Social Services		16974	0	129			12.00	
12.01	Medical Social Services		29404	0	23			12.01	
13.00	Home Health Aide		16974	0	894			13.00	
13.01	Home Health Aide		29404	0	179			13.01	
14.00	Total (sum of lines 8-13)			0	29,629			14.00	
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	8.00	557,095	0	557,095	0	0.000000	15.00	
16.00	Cost of Drugs	9.00	37,072	0	37,072	0	0.000000	16.00	
Cost Center Description		Program Visits			Cost of Services				
		Part B							
		Part A	Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00						7.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	0	13,426		0	3,214,319		1.00	
2.00	Physical Therapy	0	12,625		0	2,857,669		2.00	
3.00	Occupational Therapy	0	2,087		0	465,526		3.00	
4.00	Speech Pathology	0	266		0	60,198		4.00	
5.00	Medical Social Services	0	152		0	29,920		5.00	
6.00	Home Health Aide	0	1,073		0	111,292		6.00	
7.00	Total (sum of lines 1-6)	0	29,629		0	6,738,924		7.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0010

Period:

Worksheet H-3

HHA CCN: 14-7001

From 10/01/2019
To 09/30/2020Part I
Date/Time Prepared:
4/27/2021 10:08 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description						Agency 1		
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	5,482	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	3,214,319						1.00
2.00	Physical Therapy	2,857,669						2.00
3.00	Occupational Therapy	465,526						3.00
4.00	Speech Pathology	60,198						4.00
5.00	Medical Social Services	29,920						5.00
6.00	Home Health Aide	111,292						6.00
7.00	Total (sum of lines 1-6)	6,738,924						7.00
Cost Center Description								
		12.00						
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0010

Period:

Worksheet H-3

HHA CCN: 14-7001

From 10/01/2019

Part II

To 09/30/2020

Date/Time Prepared:

4/27/2021 10:08 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.492286	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.395839	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.357008	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.447589	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.291714	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0010 HHA CCN: 14-7001	Period: From 10/01/2019 To 09/30/2020	Worksheet H-4 Part I-II Date/Time Prepared: 4/27/2021 10:08 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	9,926,677	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)	9,926,677	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	9,926,677	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	5,172	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	-5,172	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	6,806,841	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	199,554	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	179,153	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	42,225	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	45,684	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	1,454	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	7,269,739	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	7,269,739	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	7,269,739	26.00
27.00	Reimbursable bad debts (from your records)				27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)				28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	7,269,739	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	0	30.99
31.00	Subtotal (see instructions)		0	7,269,739	31.00
31.01	Sequestration adjustment (see instructions)		0	91,550	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	7,178,189	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIESProvider CCN: 14-0010
HHA CCN: 14-7001Period:
From 10/01/2019
To 09/30/2020Worksheet H-5
Date/Time Prepared:
4/27/2021 10:08 am

		Home Health Agency I		PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider		0		7,178,189
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
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)				
Program to Provider					
3.01			0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50			0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		7,178,189
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)				
Program to Provider					
5.01			0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50			0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		0		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		0		7,178,189
		Contractor Number		NPR Date (Mo/Day/Yr)	
		0		1.00 2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0010

Period:

Worksheet 0

Hospice CCN: 14-1522

From 10/01/2019
To 09/30/2020Date/Time Prepared:
4/27/2021 10:08 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	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	35,871	35,871	0	35,871	3.00
4.00	ADMINISTRATIVE & GENERAL*	475,413	82,390	557,803	0	557,803	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	71,050	71,050	0	71,050	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	213	213	0	213	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	1,776	1,776	0	1,776	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	122,545	122,545	0	122,545	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	75,380	18,751	94,131	0	94,131	13.00
14.00	PHARMACY*	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	52,493	52,493	0	52,493	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		715,284	715,284	0	715,284	25.00
26.00	PHYSICIAN SERVICES**	275,323	52,441	327,764	0	327,764	26.00
27.00	NURSE PRACTITIONER**	26,472	6,585	33,057	0	33,057	27.00
28.00	REGISTERED NURSE**	1,264,746	314,612	1,579,358	0	1,579,358	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**	413,734	102,918	516,652	0	516,652	33.00
34.00	SPIRITUAL COUNSELING**	217,157	54,019	271,176	0	271,176	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	439,928	439,928	0	439,928	38.00
39.00	PATIENT TRANSPORTATION**	0	29,427	29,427	0	29,427	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	203,564	203,564	0	203,564	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	449,046	449,046	0	449,046	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)**	175,545	43,668	219,213	0	219,213	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	115,270	28,674	143,944	0	143,944	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	991,977	214,159	1,206,136	0	1,206,136	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	56,608	56,608	0	56,608	71.00
100.00	TOTAL	4,031,017	3,096,022	7,127,039	0	7,127,039	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0010

Period:

Worksheet 0

Hospice CCN: 14-1522

From 10/01/2019
To 09/30/2020Date/Time Prepared:
4/27/2021 10:08 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	35,871	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	557,803	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	71,050	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	213	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	1,776	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	122,545	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	94,131	13.00
14.00	PHARMACY*	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	52,493	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	715,284	25.00
26.00	PHYSICIAN SERVICES**	0	327,764	26.00
27.00	NURSE PRACTITIONER**	0	33,057	27.00
28.00	REGISTERED NURSE**	0	1,579,358	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	516,652	33.00
34.00	SPIRITUAL COUNSELING**	0	271,176	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	439,928	38.00
39.00	PATIENT TRANSPORTATION**	0	29,427	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	203,564	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	449,046	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)**	-18,921	200,292	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	143,944	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	1,206,136	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*	6,949	6,949	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	56,608	71.00
100.00	TOTAL	-11,972	7,115,067	100.00

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

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

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

Provider CCN: 14-0010

Period:

Worksheet 0-2

Hospice CCN: 14-1522

From 10/01/2019
To 09/30/2020Date/Time Prepared:
4/27/2021 10:08 am

				Hospice I		7/27/2022 10:00 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	249,586	45,447	295,033	0	295,033	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,264,746	314,612	1,579,358	0	1,579,358	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	413,734	102,918	516,652	0	516,652	33.00
34.00	SPIRITUAL COUNSELING	217,157	54,019	271,176	0	271,176	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	439,928	439,928	0	439,928	38.00
39.00	PATIENT TRANSPORTATION	0	29,427	29,427	0	29,427	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	203,564	203,564	0	203,564	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	449,046	449,046	0	449,046	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)	175,545	24,746	200,291	0	200,291	46.00
100.00	TOTAL *	2,320,768	1,663,707	3,984,475	0	3,984,475	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	295,033	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,579,358	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	516,652	33.00
34.00	SPIRITUAL COUNSELING	0	271,176	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	439,928	38.00
39.00	PATIENT TRANSPORTATION	0	29,427	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	203,564	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	449,046	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	200,291	46.00
100.00	TOTAL *	0	3,984,475	100.00

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

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

Provider CCN: 14-0010
Hospice CCN: 14-1522

Period:
From 10/01/2019
To 09/30/2020

Worksheet 0-3
Date/Time Prepared:
4/27/2021 10:08 am

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	18,922	18,922	0	18,922	46.00
100.00	TOTAL *	0	18,922	18,922	0	18,922	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	-18,921	1	46.00
100.00	TOTAL *	-18,921	1	100.00

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

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

Provider CCN: 14-0010

Period:

Worksheet 0-4

Hospice CCN: 14-1522

From 10/01/2019
To 09/30/2020Date/Time Prepared:
4/27/2021 10:08 am

				Hospice I		7/27/2022 10:00 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		715,284	715,284	0	715,284	25.00
26.00	PHYSICIAN SERVICES	25,737	6,994	32,731	0	32,731	26.00
27.00	NURSE PRACTITIONER	26,472	6,585	33,057	0	33,057	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	52,209	728,863	781,072	0	781,072	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	715,284	25.00
26.00	PHYSICIAN SERVICES	0	32,731	26.00
27.00	NURSE PRACTITIONER	0	33,057	27.00
28.00	REGISTERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	781,072	100.00

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

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

Provider CCN: 14-0010

Period:

Worksheet 0-5

Hospice CCN: 14-1522

From 10/01/2019

To 09/30/2020

Date/Time Prepared:
4/27/2021 10:08 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	54,204	54,204	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	35,871	135,353	171,224	3.00
4.00	ADMINISTRATIVE & GENERAL	557,803	1,813,360	2,371,163	4.00
5.00	PLANT OPERATION & MAINTENANCE	71,050	184,010	255,060	5.00
6.00	LAUNDRY & LINEN SERVICE	213	0	213	6.00
7.00	HOUSEKEEPING	0	46,541	46,541	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	184,605	184,605	9.00
10.00	ROUTINE MEDICAL SUPPLIES	1,776	767	2,543	10.00
11.00	MEDICAL RECORDS	0	23,020	23,020	11.00
12.00	STAFF TRANSPORTATION	122,545	0	122,545	12.00
13.00	VOLUNTEER SERVICE COORDINATION	94,131	0	94,131	13.00
14.00	PHARMACY	0	60,592	60,592	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	52,493	0	52,493	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	997,346	997,346	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	3,984,475	0	3,984,475	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1	0	1	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	781,072	0	781,072	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	143,944	0	143,944	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	1,206,136	0	1,206,136	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	6,949	0	6,949	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	56,608	0	56,608	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	7,115,067	3,499,798	10,614,865	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:

Worksheet 0-6

Hospice CCN: 14-1522

From 10/01/2019
To 09/30/2020Part I
Date/Time Prepared:
4/27/2021 10:08 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	54,204	54,204					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	171,224	0	0	171,224			3.00
4.00	ADMINISTRATIVE & GENERAL	2,371,163	33,240	0	20,194	2,424,597		4.00
5.00	PLANT OPERATION & MAINTENANCE	255,060	0	0	0	255,060		5.00
6.00	LAUNDRY & LINEN SERVICE	213	0	0	0	213		6.00
7.00	HOUSEKEEPING	46,541	0	0	0	46,541		7.00
8.00	DIETARY	0	0	0	0	0		8.00
9.00	NURSING ADMINISTRATION	184,605	0	0	0	184,605		9.00
10.00	ROUTINE MEDICAL SUPPLIES	2,543	0	0	0	2,543		10.00
11.00	MEDICAL RECORDS	23,020	0	0	0	23,020		11.00
12.00	STAFF TRANSPORTATION	122,545	0	0	0	122,545		12.00
13.00	VOLUNTEER SERVICE COORDINATION	94,131	7,428	0	3,202	104,761		13.00
14.00	PHARMACY	60,592	0	0	0	60,592		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0		15.00
16.00	OTHER GENERAL SERVICE	52,493	0	0	0	52,493		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		997,346		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	3,984,475			98,578	4,083,053		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1	0	0	0	1		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	781,072	2,385	0	2,218	785,675		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	143,944	10,453	0	4,896	159,293		60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0		61.00
62.00	FUNDRAISING	0	0	0	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM	1,206,136	698	0	42,136	1,248,970		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	6,949				6,949		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	56,608	0	0	0	56,608		71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0		99.00
100.00	TOTAL	10,614,865	54,204	0	171,224	10,614,865		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:

Worksheet 0-6

Hospice CCN: 14-1522

From 10/01/2019
To 09/30/2020Part I
Date/Time Prepared:
4/27/2021 10:08 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	2,424,597						4.00
5.00	PLANT OPERATION & MAINTENANCE	75,570	330,630					5.00
6.00	LAUNDRY & LINEN SERVICE	63	0		276			6.00
7.00	HOUSEKEEPING	13,789	0			60,330		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	54,696	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	753	0			0		10.00
11.00	MEDICAL RECORDS	6,820	0			0		11.00
12.00	STAFF TRANSPORTATION	36,308	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	31,039	117,143			21,375		13.00
14.00	PHARMACY	17,953	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	15,553	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	295,499	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	1,209,751						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0		21	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	232,784	37,620		255	6,865	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	47,196	164,856			30,081		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	370,051	11,011			2,009		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)	16,772	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	2,424,597	330,630		276	60,330	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:

Worksheet 0-6

Hospice CCN: 14-1522

From 10/01/2019
To 09/30/2020Part I
Date/Time Prepared:
4/27/2021 10:08 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	239,301					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	3,296				10.00
11.00	MEDICAL RECORDS	0		29,840			11.00
12.00	STAFF TRANSPORTATION	0			158,853		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	274,318	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	239,301	3,226	29,199	158,853	274,318	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	5	48	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	65	593	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	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	239,301	3,296	29,840	158,853	274,318	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0010

Period:

Worksheet 0-6

Hospice CCN: 14-1522

From 10/01/2019
To 09/30/2020Part I
Date/Time Prepared:
4/27/2021 10:08 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	78,545					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		68,046			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				1,292,845		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	78,545	0	54,437		6,130,683	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	96,791	96,866	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	680	1,196,054	2,260,591	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		2,722		404,148	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		10,207		1,642,248	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					6,949	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	73,380	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	78,545	0	68,046	1,292,845	10,614,865	100.00

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

Provider CCN: 14-0010

Period:

Worksheet 0-6

Hospice CCN: 14-1522

From 10/01/2019
To 09/30/2020Part II
Date/Time Prepared:
4/27/2021 10:08 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	2,795					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	4,031,016			3.00
4.00	ADMINISTRATIVE & GENERAL	1,714	0	475,413	-2,424,597	8,183,319	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	255,060	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	213	6.00
7.00	HOUSEKEEPING	0	0	0	0	46,541	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	184,605	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	2,543	10.00
11.00	MEDICAL RECORDS	0	0	0	0	23,020	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	122,545	12.00
13.00	VOLUNTEER SERVICE COORDINATION	383	0	75,380	0	104,761	13.00
14.00	PHARMACY	0	0	0	0	60,592	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	52,493	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	997,346	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			2,320,767	0	4,083,053	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	1	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	123	0	52,209	0	785,675	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	539	0	115,270	0	159,293	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	36	0	991,977	0	1,248,970	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				-6,949		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	56,608	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	54,204	0	171,224		2,424,597	100.00
101.00	UNIT COST MULTIPLIER	19.393202	0.000000	0.042477		0.296285	101.00

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

Provider CCN: 14-0010

Period:

Worksheet 0-6

Hospice CCN: 14-1522

From 10/01/2019
To 09/30/2020Part II
Date/Time Prepared:
4/27/2021 10:08 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	1,081					5.00
6.00	LAUNDRY & LINEN SERVICE	0	1,122				6.00
7.00	HOUSEKEEPING	0		1,081			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		19	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	383		383		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					19	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	84	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	123	1,038	123	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	539		539		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	36		36		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)	330,630	276	60,330	0	239,301	100.00
101.00	UNIT COST MULTIPLIER	305.855689	0.245989	55.809436	0.000000	12,594.789474	101.00

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

Provider CCN: 14-0010

Period:

Worksheet 0-6

Hospice CCN: 14-1522

From 10/01/2019
To 09/30/2020Part II
Date/Time Prepared:
4/27/2021 10:08 am

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	52,249					10.00
11.00	MEDICAL RECORDS		52,249				11.00
12.00	STAFF TRANSPORTATION			129,745			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	2,080		13.00
14.00	PHARMACY			0	0	449,046	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	50.00
51.00	HOSPICE ROUTINE HOME CARE	51,127	51,127	129,745	2,080	449,046	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	84	84	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,038	1,038	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	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)	3,296	29,840	158,853	274,318	78,545	100.00
101.00	UNIT COST MULTIPLIER	0.063083	0.571111	1.224348	131.883654	0.174915	101.00

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

Provider CCN: 14-0010

Period:

Worksheet 0-6

Hospice CCN: 14-1522

From 10/01/2019
To 09/30/2020Part II
Date/Time Prepared:
4/27/2021 10:08 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		100			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			1,122		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	80			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	84		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	1	1,038		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		4			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		15			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	68,046	1,292,845		100.00
101.00	UNIT COST MULTIPLIER	0.000000	680.460000	1,152.268271		101.00

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

Provider CCN: 14-0010

Period:

Worksheet 0-7

Hospice CCN: 14-1522

From 10/01/2019
To 09/30/2020

Date/Time Prepared:
4/27/2021 10:08 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	0.492286	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.395839	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.357008	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.291714	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.209572	0	0	0	6.00
6.01	VASCULAR LAB	60.01	0.119463	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.447589	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.101568	0	0	0	9.00
10.00	BLANK	76.00	0.000000	0	0	0	10.00
10.97	CARDIAC REHABILITATION	76.97	0.698001	0	0	0	10.97
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	VASCULAR LAB	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	0	0	0	0	0	9.00
10.00	BLANK	0	0	0	0	0	10.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0010

Period:

Worksheet 0-8

Hospice CCN: 14-1522

From 10/01/2019
To 09/30/2020Date/Time Prepared:
4/27/2021 10:08 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)				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)			6,130,683	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			51,127	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			119.91	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	46,276	2,239		9.00
10.00	Program cost (line 8 times line 9)	5,548,955	268,478		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)			96,866	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			84	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			1,153.17	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	64	6		14.00
15.00	Program cost (line 13 times line 14)	73,803	6,919		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)			2,260,591	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			1,038	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			2,177.83	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	862	76		19.00
20.00	Program cost (line 18 times line 19)	1,877,289	165,515		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			8,488,140	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			52,249	22.00
23.00	Average cost per diem (line 21 divided by line 22)			162.46	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0010	Period: From 10/01/2019 To 09/30/2020	Worksheet L Parts I-III Date/Time Prepared: 4/27/2021 10:08 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		12,459,946	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		81,766	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)		436.98	3.00
4.00	Number of interns & residents (see instructions)		175.86	4.00
5.00	Indirect medical education percentage (see instructions)		12.03	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)		1,498,932	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.03	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		14.96	8.00
9.00	Sum of lines 7 and 8		17.99	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.71	10.00
11.00	Disproportionate share adjustment (see instructions)		462,264	11.00
12.00	Total prospective capital payments (see instructions)		14,502,908	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