

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

OMB NO. 0938-0050
EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION
AND SETTLEMENT SUMMARY

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020

Worksheet S
Parts I-III
Date/Time Prepared:
11/25/2020 8:32 pm

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 11/25/2020	Time: 8:32 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status	6. Date Received:	10. NPR Date:
	(1) As Submitted	7. Contractor No.	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. ☒ Initial Report for this Provider CCN	12. ☐ If line 5, column 1 is 4: Enter
	(3) Settled with Audit	9. ☒ Final Report for this Provider CCN	number of times reopened = 0-9.
	(4) Reopened		
	(5) Amended		

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 ST. ANTHONYS MEMORIAL HOSPITAL (14-0032) for the cost reporting period beginning 07/01/2019 and ending 06/30/2020 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	-44,409	298,488	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	-44,409	298,488	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: 14-0032		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/25/2020 8:32 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 503 N MAPLE			PO Box:				1.00	
2.00	City: EFFINGHAM			State: IL		Zip Code: 62401		County: EFFINGHAM	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			ST. ANTHONYS MEMORIAL HOSPITAL	140032	99914	1	07/01/1966	N P O
4.00	Subprovider - IPF								
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA			ST. ANTHONYS MEMORIAL HOSPITAL HHA	147661	99914		02/17/1997	N P N
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice			ST. ANTHONY MEMORIAL HOSPITAL HOSPIC	141658	99914		10/14/2014	
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)						07/01/2019	06/30/2020	20.00
21.00	Type of Control (see instructions)						1		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0032

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From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
11/25/2020 8:32 pm

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	524	199	0	0	1,364	57	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
					Urban/Rural S	Date of Geogr	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					1		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.					07/01/2019	06/30/2020	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	N	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					N		
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0032		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/25/2020 8:32 pm	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		N				60.00
			Y/N	IME	Direct GME	IME	Direct GME
			1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
			1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

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To 06/30/2020Worksheet S-2
Part I
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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	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

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				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00	2.00		
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	
<u>Miscellaneous Cost Reporting Information</u>							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	152,779	23,321	1,149,025	118.01		
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N			120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
<u>Transplant Center Information</u>							
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0032		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/25/2020 8:32 pm	
		1.00	2.00				
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				140.00	
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: HOSPITAL SISTERS HEALTH SYSTEM	Contractor's Name: NGS		Contractor's Number: 00131		141.00	
142.00	Street: 4936 LAVERNA ROAD	PO Box:				142.00	
143.00	City: SPRINGFIELD	State: IL		Zip Code: 62707		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	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	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0032	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/25/2020 8:32 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0032	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/25/2020 8:32 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N			14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N			15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
			4.00		
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/15/2020	Y	10/15/2020
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	
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: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
11/25/2020 8:32 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATTY		RACHELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-231-5544		211 N BROADWAY STE 600, ST LOUIS, MO	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
11/25/2020 8:32 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR	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: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/25/2020 8:32 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
					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	123	45,018	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)		123	45,018	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	10	3,660	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		133	48,678	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
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)		133				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/25/2020 8:32 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents	
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll
		6.00	7.00	8.00	9.00	10.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,437	411	10,749		1.00
2.00	HMO and other (see instructions)	1,014	1,563			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	6,437	411	10,749		7.00
8.00	INTENSIVE CARE UNIT	981	59	1,523		8.00
9.00	CORONARY CARE UNIT					9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		55	1,367		13.00
14.00	Total (see instructions)	7,418	525	13,639	0.00	14.00
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY	38,132	0	77,458	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE	0	0	0	0.00	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	26.25
27.00	Total (sum of lines 14-26)				0.00	670.50
28.00	Observation Bed Days		49	1,592		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			208		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	57	133		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		32.01
33.00	LTCH non-covered days	0				33.00
33.01	LTCH site neutral days and discharges	0				33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/25/2020 8:32 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,907	64	3,835	1.00
2.00 HMO and other (see instructions)			257	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,907	64	3,835	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
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: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/25/2020 8:32 pm

	Wkst. A Line Number	Amount Reported	Reclassificat ion 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	42,304,362	0	42,304,362	1,347,040.73	31.41 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		9,242,144	4,194	9,246,338	303,136.41	30.50 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		496,386	0	496,386	5,918.00	83.88 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		178,074	0	178,074	1,510.79	117.87 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		7,777,169	0	7,777,169	238,305.00	32.64 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		14,001,438	0	14,001,438		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		4,002,601	0	4,002,601		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		3,094,908	0	3,094,908		
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: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/25/2020 8:32 pm

		Wkst. A Line Number	Amount Reported	Reclassificat ion 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	445,470	0	445,470	13.00	34,266.92	26.00
27.00	Administrative & General	5.00	3,063,596	-223,931	2,839,665	83,965.89	33.82	27.00
28.00	Administrative & General under contract (see inst.)		943,422	0	943,422	15,229.14	61.95	28.00
29.00	Maintenance & Repairs	6.00	152,933	926	153,859	4,195.50	36.67	29.00
30.00	Operation of Plant	7.00	756,007	4,719	760,726	31,038.80	24.51	30.00
31.00	Laundry & Linen Service	8.00	0	42,572	42,572	2,923.00	14.56	31.00
32.00	Housekeeping	9.00	577,735	112	577,847	44,359.80	13.03	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	671,441	-440,726	230,715	12,078.73	19.10	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	7,996	441,796	449,792	32,538.00	13.82	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	957,068	1,448	958,516	25,094.33	38.20	38.00
39.00	Central Services and Supply	14.00	173,910	1,603	175,513	9,668.29	18.15	39.00
40.00	Pharmacy	15.00	1,275,570	0	1,275,570	26,776.96	47.64	40.00
41.00	Medical Records & Medical Records Library	16.00	1,644,855	0	1,644,855	37,495.83	43.87	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
11/25/2020 8:32 pm

	Worksheet A Line Number	Amount Reported	Reclassificat ion 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)	43,247,784	0	43,247,784	1,362,269.87	31.75	1.00
2.00	Excluded area salaries (see instructions)	9,242,144	4,194	9,246,338	303,136.41	30.50	2.00
3.00	Subtotal salaries (line 1 minus line 2)	34,005,640	-4,194	34,001,446	1,059,133.46	32.10	3.00
4.00	Subtotal other wages & related costs (see inst.)	8,451,629	0	8,451,629	245,733.79	34.39	4.00
5.00	Subtotal wage-related costs (see inst.)	17,096,346	0	17,096,346	0.00	50.28	5.00
6.00	Total (sum of lines 3 thru 5)	59,553,615	-4,194	59,549,421	1,304,867.25	45.64	6.00
7.00	Total overhead cost (see instructions)	10,670,003	-171,481	10,498,522	325,377.27	32.27	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
11/25/2020 8:32 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	317,524	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	4,325,965	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	9,631,275	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	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	699,804	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	2,314,445	17.00
18.00	Medicare Taxes - Employers Portion Only	613,413	18.00
19.00	Unemployment Insurance	960	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	100,653	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	18,004,039	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: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part V
Date/Time Prepared:
11/25/2020 8:32 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	496,386	18,004,039	1.00
2.00	Hospital	496,386	18,004,039	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0032 Component CCN: 14-7661		Period: From 07/01/2019 To 06/30/2020		Worksheet S-4 Date/Time Prepared: 11/25/2020 8:32 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County						
		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	10,532	0	4,820	15,352	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,525.00	0.00	587.00	2,112.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			12.84	0.00	12.84	5.00
6.00	Direct Nursing Service			69.11	0.00	69.11	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			20.15	0.00	20.15	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			5.63	0.00	5.63	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			1.43	0.00	1.43	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.03	0.00	1.03	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			7.38	0.00	7.38	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			3			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16060			20.00
20.01				41180			20.01
20.02				99914			20.02
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	15,571	5,156	536	321	21,584	21.00
22.00	Skilled Nursing Visit Charges	3,378,907	1,118,852	116,312	69,657	4,683,728	22.00
23.00	Physical Therapy Visits	6,982	2,485	106	121	9,694	23.00
24.00	Physical Therapy Visit Charges	1,611,918	574,035	24,486	27,951	2,238,390	24.00
25.00	Occupational Therapy Visits	1,500	939	26	31	2,496	25.00
26.00	Occupational Therapy Visit Charges	346,500	216,909	6,006	7,161	576,576	26.00
27.00	Speech Pathology Visits	379	171	18	1	569	27.00
28.00	Speech Pathology Visit Charges	87,549	39,501	4,158	231	131,439	28.00
29.00	Medical Social Service Visits	75	27	4	1	107	29.00
30.00	Medical Social Service Visit Charges	21,164	7,722	1,144	286	30,316	30.00
31.00	Home Health Aide Visits	2,177	1,460	6	39	3,682	31.00
32.00	Home Health Aide Visit Charges	228,585	153,300	630	4,095	386,610	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	26,684	10,238	696	514	38,132	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)	5,674,623	2,110,319	152,736	109,381	8,047,059	35.00
36.00	Total Number of Episodes (standard/non outlier)	2,171		301	36	2,508	36.00
37.00	Total Number of Outlier Episodes		383		8	391	37.00
38.00	Total Non-Routine Medical Supply Charges	148,894	64,101	6,091	2,667	221,753	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0032

Period:

Worksheet S-9

Hospice CCN: 14-1658

From 07/01/2019
To 06/30/2020PARTS I THROUGH IV
Date/Time Prepared:
11/25/2020 8:32 pm

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	22,775	403	712	23,890	11.00
12.00	Hospice Inpatient Respite Care	18	0	9	27	12.00
13.00	Hospice General Inpatient Care	385	5	63	453	13.00
14.00	Total Hospice Days	23,178	408	784	24,370	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	18	0	9	27	15.00
16.00	Hospice General Inpatient Care	385	5	63	453	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020

Worksheet S-10

Date/Time Prepared:
11/25/2020 8:32 pm

				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.310350		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		4,537,426		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		54,270,930		6.00
7.00	Medicaid cost (line 1 times line 6)		16,842,983		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)		12,305,557		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0		9.00
10.00	Stand-alone CHIP charges		0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		12,305,557		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)	7,084,195	1,743,322	8,827,517	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,198,580	1,743,322	3,941,902	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)	2,198,580	1,743,322	3,941,902	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)		3,562,114		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		755,979		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,163,044		27.01
28.00	Non-Medicare bad debt expense (see instructions)		2,399,070		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,151,616		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,093,518		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		17,399,075		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/25/2020 8:32 pm

	Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (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		4,836,524	4,836,524	-1,827,641	3,008,883	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	2,263,099	2,263,099	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	445,470	16,336,620	16,782,090	2,993,402	19,775,492	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,063,596	37,311,228	40,374,824	-3,362,350	37,012,474	5.00
6.00	00600	MAINTENANCE & REPAIRS	152,933	10,587	163,520	1,492	165,012	6.00
7.00	00700	OPERATION OF PLANT	756,007	1,803,365	2,559,372	5,809	2,565,181	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	435,473	435,473	42,572	478,045	8.00
9.00	00900	HOUSEKEEPING	577,735	284,593	862,328	112	862,440	9.00
10.00	01000	DIETARY	671,441	457,077	1,128,518	-775,420	353,098	10.00
11.00	01100	CAFETERIA	7,996	978	8,974	776,490	785,464	11.00
13.00	01300	NURSING ADMINISTRATION	957,068	102,769	1,059,837	1,448	1,061,285	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	173,910	533,478	707,388	-496,649	210,739	14.00
15.00	01500	PHARMACY	1,275,570	5,076,077	6,351,647	-4,646,324	1,705,323	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,644,855	1,298,542	2,943,397	0	2,943,397	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,083,360	943,503	7,026,863	-1,694,954	5,331,909	30.00
31.00	03100	INTENSIVE CARE UNIT	1,245,870	110,823	1,356,693	-66,440	1,290,253	31.00
43.00	04300	NURSERY	0	35,879	35,879	404,489	440,368	43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,892,976	7,487,382	10,380,358	-5,765,794	4,614,564	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	88,282	88,282	905,761	994,043	52.00
53.00	05300	ANESTHESIOLOGY	2,656,013	3,039,646	5,695,659	-219,440	5,476,219	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,829,033	1,399,159	3,228,192	-187,081	3,041,111	54.00
54.01	03630	ULTRA SOUND	235,061	74,565	309,626	-36,466	273,160	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	131,499	296,478	427,977	-13,356	414,621	54.02
54.06	05404	PET SCAN	0	108,025	108,025	0	108,025	54.06
57.00	05700	CT SCAN	363,475	441,940	805,415	-3,141	802,274	57.00
58.00	05800	MRI	175,817	105,288	281,105	-9,486	271,619	58.00
59.00	05900	CARDIAC CATHETERIZATION	138,034	121,999	260,033	-50,660	209,373	59.00
60.00	06000	LABORATORY	1,329,645	2,837,745	4,167,390	-1,440,871	2,726,519	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	509,879	141,738	651,617	-33,969	617,648	65.00
66.00	06600	PHYSICAL THERAPY	1,831,888	400,141	2,232,029	22,176	2,254,205	66.00
67.00	06700	OCCUPATIONAL THERAPY	315,372	30,423	345,795	-17,053	328,742	67.00
69.00	06900	ELECTROCARDIOLOGY	553,128	227,009	780,137	-17,761	762,376	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	153,686	24,708	178,394	-23,318	155,076	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	7,447,306	7,447,306	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	2,726,031	2,726,031	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,077,690	5,077,690	73.00
74.00	07400	RENAL DIALYSIS	0	33,970	33,970	0	33,970	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	203,004	9,974	212,978	3,185	216,163	76.01
76.02	03952	TELEMEDICINE	176,669	111,971	288,640	130	288,770	76.02
76.03	03950	WOUND CARE	421,685	1,206,003	1,627,688	-305,327	1,322,361	76.03
76.97	07697	CARDIAC REHABILITATION	87,576	2,116	89,692	899	90,591	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	133,890	11,214	145,104	-6,061	139,043	90.00
91.00	09100	EMERGENCY	1,868,077	1,518,574	3,386,651	-288,599	3,098,052	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
	OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	7,327,155	2,155,697	9,482,852	-560,311	8,922,541	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		318,613	318,613	-318,613	0	113.00
116.00	11600	HOSPICE	1,829,095	1,645,602	3,474,697	-504,311	2,970,386	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	42,218,468	93,415,778	135,634,246	695	135,634,941	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	19,111	19,111	0	19,111	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	85,894	3,658,075	3,743,969	-695	3,743,274	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	42,304,362	97,092,964	139,397,326	0	139,397,326	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/25/2020 8:32 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	409,953	3,418,836	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,152,727	3,415,826	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-4,036,883	15,738,609	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-9,049,467	27,963,007	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	165,012	6.00
7.00	00700	OPERATION OF PLANT	-27,960	2,537,221	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-101,623	376,422	8.00
9.00	00900	HOUSEKEEPING	-29	862,411	9.00
10.00	01000	DIETARY	-4,554	348,544	10.00
11.00	01100	CAFETERIA	-64,845	720,619	11.00
13.00	01300	NURSING ADMINISTRATION	346	1,061,631	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	210,739	14.00
15.00	01500	PHARMACY	0	1,705,323	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,889,522	4,832,919	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	5,331,909	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,290,253	31.00
43.00	04300	NURSERY	0	440,368	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-3,234	4,611,330	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	994,043	52.00
53.00	05300	ANESTHESIOLOGY	-5,130,115	346,104	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-58,831	2,982,280	54.00
54.01	03630	ULTRA SOUND	0	273,160	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	414,621	54.02
54.06	05404	PET SCAN	0	108,025	54.06
57.00	05700	CT SCAN	0	802,274	57.00
58.00	05800	MRI	0	271,619	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	209,373	59.00
60.00	06000	LABORATORY	-32,637	2,693,882	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	617,648	65.00
66.00	06600	PHYSICAL THERAPY	-170,836	2,083,369	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	328,742	67.00
69.00	06900	ELECTROCARDIOLOGY	-79,695	682,681	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	155,076	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	7,447,306	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	2,726,031	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-3,000	5,074,690	73.00
74.00	07400	RENAL DIALYSIS	0	33,970	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	76.00
76.01	03650	VASCULAR LAB	0	216,163	76.01
76.02	03952	TELEMEDICINE	-96,000	192,770	76.02
76.03	03950	WOUND CARE	-299,453	1,022,908	76.03
76.97	07697	CARDIAC REHABILITATION	0	90,591	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	139,043	90.00
91.00	09100	EMERGENCY	-928,032	2,170,020	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-1,200	8,921,341	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	2,970,386	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-16,635,846	118,999,095	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	19,111	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	3,743,274	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-16,635,846	122,761,480	200.00

RECLASSIFICATIONS

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
11/25/2020 8:32 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	B - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	441,796	334,694		1.00
	0		441,796	334,694		
	C - PHARMACY DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,077,676		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
	0		0	5,077,676		
	D - CENTRAL SUPPLY					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	7,420,683		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	28,126		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
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
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
	0		0	7,448,809		
	E - PROPERTY INSURANCE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	67,712		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	49,133		2.00
	0		0	116,845		
	F - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	318,613		1.00
	0		0	318,613		
	G - DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,213,966		1.00
	0		0	2,213,966		
	H - LABOR & DELIVERY					
1.00	NURSERY	43.00	433,066	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	986,313	0		2.00
	0		1,419,379	0		

RECLASSIFICATIONS

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
11/25/2020 8:32 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	I - IMPLANT RECLASS					
1.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0	2,726,031		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	121		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
	0		0	2,726,152		
	J - LAUNDRY RECLASS					
1.00	LAUNDRY & LINEN SERVICE	8.00	42,572	0		1.00
	0		42,572	0		
	K - COVID EXPENSE RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,993,402		1.00
2.00	MAINTENANCE & REPAIRS	6.00	926	566		2.00
3.00	OPERATION OF PLANT	7.00	4,719	1,090		3.00
4.00	HOUSEKEEPING	9.00	112	0		4.00
5.00	DIETARY	10.00	1,070	0		5.00
6.00	NURSING ADMINISTRATION	13.00	1,448	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	1,603	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	10,505	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	232	0		9.00
10.00	OPERATING ROOM	50.00	53,778	0		10.00
11.00	ANESTHESIOLOGY	53.00	3,279	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	12,161	0		12.00
13.00	ULTRA SOUND	54.01	3,929	0		13.00
14.00	CT SCAN	57.00	1,189	0		14.00
15.00	MRI	58.00	126	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	3,643	0		16.00
17.00	LABORATORY	60.00	3,818	0		17.00
18.00	RESPIRATORY THERAPY	65.00	3,475	0		18.00
19.00	PHYSICAL THERAPY	66.00	38,321	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	6,727	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	1,517	0		21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	753	0		22.00
23.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	26,623		23.00
24.00	DRUGS CHARGED TO PATIENTS	73.00	0	14		24.00
25.00	VASCULAR LAB	76.01	3,185	0		25.00
26.00	TELEMEDICINE	76.02	191	0		26.00
27.00	CARDIAC REHABILITATION	76.97	2,612	0		27.00
28.00	CLINIC	90.00	117	0		28.00
29.00	EMERGENCY	91.00	17,729	0		29.00
30.00	HOME HEALTH AGENCY	101.00	1,744	0		30.00
31.00	HOSPICE	116.00	2,450	0		31.00
	TOTALS		181,359	3,021,695		
500.00	Grand Total: Increases		2,085,106	21,258,450		500.00

RECLASSIFICATIONS

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
11/25/2020 8:32 pm

		Decreases					11/20/2020 3:02 PM	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	B - CAFETERIA COSTS							
1.00	DIETARY	10.00	441,796	334,694	0		1.00	
	0		441,796	334,694				
	C - PHARMACY DRUGS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,006	0		1.00	
2.00	PHARMACY	15.00	0	4,529,264	0		2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	10,290	0		3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	2,566	0		4.00	
5.00	NURSERY	43.00	0	289	0		5.00	
6.00	OPERATING ROOM	50.00	0	45,273	0		6.00	
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,618	0		7.00	
8.00	ANESTHESIOLOGY	53.00	0	51,143	0		8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,890	0		9.00	
10.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	11,716	0		10.00	
11.00	MRI	58.00	0	254	0		11.00	
12.00	CARDIAC CATHETERIZATION	59.00	0	34	0		12.00	
13.00	LABORATORY	60.00	0	76	0		13.00	
14.00	RESPIRATORY THERAPY	65.00	0	313	0		14.00	
15.00	PHYSICAL THERAPY	66.00	0	49	0		15.00	
16.00	OCCUPATIONAL THERAPY	67.00	0	78	0		16.00	
17.00	ELECTROCARDIOLOGY	69.00	0	1,121	0		17.00	
18.00	WOUND CARE	76.03	0	12,174	0		18.00	
19.00	CLINIC	90.00	0	216	0		19.00	
20.00	EMERGENCY	91.00	0	9,369	0		20.00	
21.00	HOME HEALTH AGENCY	101.00	0	777	0		21.00	
22.00	HOSPICE	116.00	0	388,160	0		22.00	
	0		0	5,077,676				
	D - CENTRAL SUPPLY							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	490,206	0		1.00	
2.00	PHARMACY	15.00	0	117,060	0		2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	275,790	0		3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	64,106	0		4.00	
5.00	NURSERY	43.00	0	28,288	0		5.00	
6.00	OPERATING ROOM	50.00	0	3,346,220	0		6.00	
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	77,934	0		7.00	
8.00	ANESTHESIOLOGY	53.00	0	150,315	0		8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	195,352	0		9.00	
10.00	ULTRA SOUND	54.01	0	40,395	0		10.00	
11.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	1,640	0		11.00	
12.00	CT SCAN	57.00	0	4,330	0		12.00	
13.00	MRI	58.00	0	9,358	0		13.00	
15.00	LABORATORY	60.00	0	1,444,613	0		15.00	
16.00	RESPIRATORY THERAPY	65.00	0	37,131	0		16.00	
17.00	PHYSICAL THERAPY	66.00	0	16,096	0		17.00	
18.00	OCCUPATIONAL THERAPY	67.00	0	23,702	0		18.00	
19.00	ELECTROCARDIOLOGY	69.00	0	18,157	0		19.00	
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	24,071	0		20.00	
23.00	TELEMEDICINE	76.02	0	61	0		23.00	
24.00	WOUND CARE	76.03	0	98,816	0		24.00	
25.00	CARDIAC REHABILITATION	76.97	0	1,713	0		25.00	
26.00	CLINIC	90.00	0	5,962	0		26.00	
27.00	EMERGENCY	91.00	0	296,919	0		27.00	
28.00	HOME HEALTH AGENCY	101.00	0	561,278	0		28.00	
29.00	HOSPICE	116.00	0	118,601	0		29.00	
30.00	PHILANTHROPY DEVELOPMENT	194.00	0	695	0		30.00	
	0		0	7,448,809				
	E - PROPERTY INSURANCE EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	116,845	12		1.00	
2.00		0.00	0	0	12		2.00	
	0		0	116,845				
	F - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	318,613	11		1.00	
	0		0	318,613				
	G - DEPRECIATION EXPENSE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,213,966	9		1.00	
	0		0	2,213,966				
	H - LABOR & DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	1,419,379	0	0		1.00	
2.00		0.00	0	0	0		2.00	
	0		1,419,379	0				

RECLASSIFICATIONS

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
11/25/2020 8:32 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	I - IMPLANT RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	40	0	1.00		
2.00	OPERATING ROOM	50.00	0	2,428,079	0	2.00		
3.00	ANESTHESIOLOGY	53.00	0	21,261	0	3.00		
4.00	CARDIAC CATHETERIZATION	59.00	0	82,395	0	4.00		
5.00	WOUND CARE	76.03	0	194,337	0	5.00		
6.00	EMERGENCY	91.00	0	40	0	6.00		
	0		0	2,726,152				
	J - LAUNDRY RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	42,572	0	0	1.00		
	0		42,572	0				
	K - COVID EXPENSE RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	181,359	3,021,695	0	1.00		
2.00		0.00	0	0	0	2.00		
3.00		0.00	0	0	0	3.00		
4.00		0.00	0	0	0	4.00		
5.00		0.00	0	0	0	5.00		
6.00		0.00	0	0	0	6.00		
7.00		0.00	0	0	0	7.00		
8.00		0.00	0	0	0	8.00		
9.00		0.00	0	0	0	9.00		
10.00		0.00	0	0	0	10.00		
11.00		0.00	0	0	0	11.00		
12.00		0.00	0	0	0	12.00		
13.00		0.00	0	0	0	13.00		
14.00		0.00	0	0	0	14.00		
15.00		0.00	0	0	0	15.00		
16.00		0.00	0	0	0	16.00		
17.00		0.00	0	0	0	17.00		
18.00		0.00	0	0	0	18.00		
19.00		0.00	0	0	0	19.00		
20.00		0.00	0	0	0	20.00		
21.00		0.00	0	0	0	21.00		
22.00		0.00	0	0	0	22.00		
23.00		0.00	0	0	0	23.00		
24.00		0.00	0	0	0	24.00		
25.00		0.00	0	0	0	25.00		
26.00		0.00	0	0	0	26.00		
27.00		0.00	0	0	0	27.00		
28.00		0.00	0	0	0	28.00		
29.00		0.00	0	0	0	29.00		
30.00		0.00	0	0	0	30.00		
31.00		0.00	0	0	0	31.00		
	TOTALS		181,359	3,021,695				
500.00	Grand Total: Decreases		2,085,106	21,258,450		500.00		

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
11/25/2020 8:32 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,699,574	0	0	0	0	1.00	
2.00	Land Improvements	3,360,444	21,040	0	21,040	0	2.00	
3.00	Buildings and Fixtures	105,906,002	5,314,622	0	5,314,622	0	3.00	
4.00	Building Improvements	576,265	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	83,770,217	2,062,338	0	2,062,338	296,470	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	196,312,502	7,398,000	0	7,398,000	296,470	8.00	
9.00	Reconciling Items	6,691,898	3,521,918	0	3,521,918	0	9.00	
10.00	Total (line 8 minus line 9)	189,620,604	3,876,082	0	3,876,082	296,470	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,699,574	0					1.00
2.00	Land Improvements	3,381,484	0					
3.00	Buildings and Fixtures	111,220,624	0					
4.00	Building Improvements	576,265	0					
5.00	Fixed Equipment	0	0					
6.00	Movable Equipment	85,536,085	0					
7.00	HIT designated Assets	0	0					
8.00	Subtotal (sum of lines 1-7)	203,414,032	0					
9.00	Reconciling Items	10,213,816	0					
10.00	Total (line 8 minus line 9)	193,200,216	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
11/25/2020 8:32 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	4,517,911	0	318,613	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,517,911	0	318,613	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Relat ed Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	4,836,524				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	4,836,524				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
11/25/2020 8:32 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	117,877,947	0	117,877,947	0.579498	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	85,536,085	0	85,536,085	0.420502	0	2.00
3.00	Total (sum of lines 1-2)	203,414,032	0	203,414,032	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Relat ed 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	3,331,779	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,366,693	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,698,472	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Relat ed 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	318,613	67,712	0	-299,268	3,418,836	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	49,133	0	0	3,415,826	2.00
3.00	Total (sum of lines 1-2)	318,613	116,845	0	-299,268	6,834,662	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
11/25/2020 8:32 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-318,613	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-178	CAP REL COSTS-MVBLE EQUIP	2.00	9	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	-4,176,792			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	-781,155			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	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
11/25/2020 8:32 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
1.00	2.00	3.00	4.00	5.00				
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00			31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0		32.00
33.00	MISC INCOME	B	-299,268	CAP REL COSTS-BLDG & FIXT	1.00	14		33.00
33.01	MISC INCOME	B	-935,625	ADMINISTRATIVE & GENERAL	5.00	0		33.01
33.02	MISC INCOME	B	-64,845	CAFETERIA	11.00	0		33.02
33.03	MISC INCOME	B	-1,120	NURSING ADMINISTRATION	13.00	0		33.03
33.04	MISC INCOME	B	-130,000	MEDICAL RECORDS & LIBRARY	16.00	0		33.04
33.05	MISC INCOME	B	-500	OPERATING ROOM	50.00	0		33.05
33.06	MISC INCOME	B	-2,387,865	ANESTHESIOLOGY	53.00	0		33.06
33.07	MISC INCOME	B	-6,645	LABORATORY	60.00	0		33.07
33.08	MISC INCOME	B	0	ELECTROCARDIOLOGY	69.00	0		33.08
33.09	MISC INCOME	B	-3,000	DRUGS CHARGED TO PATIENTS	73.00	0		33.09
33.10	MISC INCOME	B	-1	EMERGENCY	91.00	0		33.10
33.11	MISC INCOME	B	-1,200	HOME HEALTH AGENCY	101.00	0		33.11
33.12	TELEPHONE EMPLOYEE BENEFITS	A	-1,754	EMPLOYEE BENEFITS DEPARTMENT	4.00	0		33.12
33.13	TELEPHONE A&G SALARIES	A	-4,474	ADMINISTRATIVE & GENERAL	5.00	0		33.13
33.14	TELEPHONE A&G OTHER EXPENSE	A	-114	ADMINISTRATIVE & GENERAL	5.00	0		33.14
33.15	TELEVISION EMPLOYEE BENEFITS	A	-1,198	EMPLOYEE BENEFITS DEPARTMENT	4.00	0		33.15
33.16	TELEVISION A&G SALARIES	A	-3,056	OPERATION OF PLANT	7.00	0		33.16
33.17	TELEVISION A&G OTHER EXPENSE	A	-599	OPERATION OF PLANT	7.00	0		33.17
33.18	TELEVISION A&G OTHER CABLE EXPENSE	A	-24,305	OPERATION OF PLANT	7.00	0		33.18
33.19	MEDICAID TAX ASSESSMENT	A	-4,472,379	ADMINISTRATIVE & GENERAL	5.00	0		33.19
33.20	SELF-INS TO HOSP/EMP CLAIMS	A	-4,631,871	EMPLOYEE BENEFITS DEPARTMENT	4.00	0		33.20
33.21	LOBBYING EXPENSES	A	-27,863	ADMINISTRATIVE & GENERAL	5.00	0		33.21
33.22	ALCOHOL BEVERAGE COST	A	-338	ADMINISTRATIVE & GENERAL	5.00	0		33.22
33.23	ALCOHOL BEVERAGE COST	A	-200	MEDICAL RECORDS & LIBRARY	16.00	0		33.23
33.24	DEFINED PENSION ADJUSTMENT	A	647,515	EMPLOYEE BENEFITS DEPARTMENT	4.00	0		33.24
33.25	CRNA CONTRACT LABOR EXPENSE	A	0	ANESTHESIOLOGY	53.00	0		33.25
33.26	PUBLIC RELATIONS/MARKETING	A	-6,077	ADMINISTRATIVE & GENERAL	5.00	0		33.26
33.27	BUILDING RE-LIFING	A	1,027,834	CAP REL COSTS-BLDG & FIXT	1.00	9		33.27
33.28	EQUIPMENT RE-LIFING	A	1,152,905	CAP REL COSTS-MVBLE EQUIP	2.00	9		33.28
33.29	GIFTS/DONATIONS	A	-300,000	ADMINISTRATIVE & GENERAL	5.00	0		33.29
33.30	PROPERTY TAX	A	-1,896	ADMINISTRATIVE & GENERAL	5.00	0		33.30
33.31	ATHLETICARE SALARY EXPENSE	A	-150,579	PHYSICAL THERAPY	66.00	0		33.31
33.32	ATHLETICARE OTHER EXPENSE	A	-20,257	PHYSICAL THERAPY	66.00	0		33.32
33.33	ATHLETICARE BENEFIT EXPENSE	A	-58,149	EMPLOYEE BENEFITS DEPARTMENT	4.00	0		33.33
33.34	MISC INCOME	B	-29	HOUSEKEEPING	9.00	0		33.34
33.35	MISC INCOME	B	-60,101	RADIOLOGY-DIAGNOSTIC	54.00	0		33.35
33.36	MISC INCOME	B	-193	EMPLOYEE BENEFITS DEPARTMENT	4.00	0		33.36
33.37	RESTRUCTURING	A	-529,047	ADMINISTRATIVE & GENERAL	5.00	0		33.37
33.38	PHYSICIAN RECRUITMENT	A	-62,814	ADMINISTRATIVE & GENERAL	5.00	0		33.38
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-16,635,846					50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-1

Date/Time Prepared:
11/25/2020 8:32 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH & DENTAL PREMIUM	12,425,367	12,416,600 1.00
2.00		5.00	ADMINISTRATIVE & GENERAL	CONTRACTED SERVICES - ISC	7,608,686	5,225,884 2.00
3.00		5.00	ADMINISTRATIVE & GENERAL	CONTRACTED SERVICES - SSC	2,418,418	3,018,988 3.00
3.01		5.00	ADMINISTRATIVE & GENERAL	CONTRACTED SERVICES -SBO	3,480,615	7,843,512 3.01
3.02		16.00	MEDICAL RECORDS & LIBRARY	CONTRACTED SERVICES -SBO	2,019,724	0 3.02
3.03		8.00	LAUNDRY & LINEN SERVICE	CID-LAUNDRY	327,527	429,150 3.03
3.04		5.00	ADMINISTRATIVE & GENERAL	CID-LIBRARY	37,057	48,555 3.04
3.05		5.00	ADMINISTRATIVE & GENERAL	SID- ADMINISTRATIVE	1,295,359	1,411,219 3.05
3.06		30.00	ADULTS & PEDIATRICS	SID-FLOAT POOL	217,379	217,379 3.06
3.07		4.00	EMPLOYEE BENEFITS DEPARTMENT	SID-HR	696,776	696,776 3.07
4.00		60.00	LABORATORY	SID-LAB	13,905	13,905 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				30,540,813	31,321,968 5.00

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

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

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

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

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

6.00	G	HSBS	100.00	HSBS	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	SISTER				100.00

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

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

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

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-1

Date/Time Prepared:
11/25/2020 8:32 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	8,767	0		1.00
2.00	2,382,802	0		2.00
3.00	-600,570	0		3.00
3.01	-4,362,897	0		3.01
3.02	2,019,724	0		3.02
3.03	-101,623	0		3.03
3.04	-11,498	0		3.04
3.05	-115,860	0		3.05
3.06	0	0		3.06
3.07	0	0		3.07
4.00	0	0		4.00
5.00	-781,155			5.00

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

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

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

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

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

6.00	CORPORATE OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-2

Date/Time Prepared:
11/25/2020 8:32 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	1,935	570	1,365	211,500	11	1.00
2.00	10.00	DIETARY	6,588	3,424	3,164	211,500	20	2.00
3.00	13.00	NURSING ADMINISTRATION	-1,466	-1,466	0	0	0	3.00
4.00	16.00	MEDICAL RECORDS & LIBRARY	22,127	2	22,125	211,500	343	4.00
5.00	50.00	OPERATING ROOM	2,734	2,734	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	2,742,250	2,742,250	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	13,970	-1,270	15,240	271,900	120	7.00
8.00	69.00	ELECTROCARDIOLOGY	79,695	79,695	0	0	0	8.00
9.00	76.02	TELEMEDICINE	96,000	96,000	0	0	0	9.00
10.00	76.03	WOUND CARE	323,552	292,677	30,875	211,500	237	10.00
11.00	91.00	EMERGENCY	928,031	928,031	0	260,300	0	11.00
12.00	60.00	LABORATORY	105,305	0	105,305	211,500	780	12.00
200.00			4,320,721	4,142,647	178,074		1,511	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	1,118	56	0	0	0	1.00
2.00	10.00	DIETARY	2,034	102	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	3.00
4.00	16.00	MEDICAL RECORDS & LIBRARY	34,877	1,744	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	15,686	784	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	76.02	TELEMEDICINE	0	0	0	0	0	9.00
10.00	76.03	WOUND CARE	24,099	1,205	0	0	0	10.00
11.00	91.00	EMERGENCY	0	0	0	0	0	11.00
12.00	60.00	LABORATORY	79,313	3,966	0	0	0	12.00
200.00			157,127	7,857	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	1,118	247	817		1.00
2.00	10.00	DIETARY	0	2,034	1,130	4,554		2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	-1,466		3.00
4.00	16.00	MEDICAL RECORDS & LIBRARY	0	34,877	0	2		4.00
5.00	50.00	OPERATING ROOM	0	0	0	2,734		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	2,742,250		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	15,686	0	-1,270		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	79,695		8.00
9.00	76.02	TELEMEDICINE	0	0	0	96,000		9.00
10.00	76.03	WOUND CARE	0	24,099	6,776	299,453		10.00
11.00	91.00	EMERGENCY	0	0	0	928,031		11.00
12.00	60.00	LABORATORY	0	79,313	25,992	25,992		12.00
200.00			0	157,127	34,145	4,176,792		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/25/2020 8:32 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,418,836	3,418,836			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,415,826	3,415,826			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	15,738,609	6,838	15,745,862		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	27,963,007	1,004,181	1,068,183	30,786,109	5.00
6.00	00600	MAINTENANCE & REPAIRS	165,012	0	57,876	223,991	6.00
7.00	00700	OPERATION OF PLANT	2,537,221	592,952	286,158	3,711,944	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	376,422	15,975	16,014	410,050	8.00
9.00	00900	HOUSEKEEPING	862,411	0	4,991	1,084,768	9.00
10.00	01000	DIETARY	348,544	55,087	86,787	514,863	10.00
11.00	01100	CAFETERIA	720,619	15,770	0	905,585	11.00
13.00	01300	NURSING ADMINISTRATION	1,061,631	28,409	360,560	1,501,281	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	210,739	25,142	0	301,903	14.00
15.00	01500	PHARMACY	1,705,323	36,744	479,825	2,228,459	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,832,919	53,365	618,737	5,505,021	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,331,909	383,073	1,758,378	7,674,718	30.00
31.00	03100	INTENSIVE CARE UNIT	1,290,253	43,073	468,740	1,840,551	31.00
43.00	04300	NURSERY	440,368	0	162,904	612,866	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,611,330	304,830	1,108,466	6,886,183	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	994,043	43,709	371,016	1,437,166	52.00
53.00	05300	ANESTHESIOLOGY	346,104	1,917	1,000,333	1,376,814	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,982,280	285,118	692,593	4,489,989	54.00
54.01	03630	ULTRA SOUND	273,160	5,361	89,900	410,479	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	414,621	23,782	49,465	489,634	54.02
54.06	05404	PET SCAN	108,025	0	0	108,025	54.06
57.00	05700	CT SCAN	802,274	13,706	137,174	987,923	57.00
58.00	05800	MRI	271,619	16,327	66,184	462,468	58.00
59.00	05900	CARDIAC CATHETERIZATION	209,373	18,118	53,294	301,278	59.00
60.00	06000	LABORATORY	2,693,882	51,301	501,602	3,339,856	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	617,648	7,141	193,106	827,345	65.00
66.00	06600	PHYSICAL THERAPY	2,083,369	78,262	703,507	2,886,815	66.00
67.00	06700	OCCUPATIONAL THERAPY	328,742	0	121,162	449,904	67.00
69.00	06900	ELECTROCARDIOLOGY	682,681	39,473	208,638	1,014,405	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	155,076	6,682	58,095	229,832	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	7,447,306	0	0	7,447,306	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	2,726,031	0	0	2,726,031	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,074,690	0	0	5,074,690	73.00
74.00	07400	RENAL DIALYSIS	33,970	4,373	0	38,343	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	216,163	9,616	77,561	306,613	76.01
76.02	03952	TELEMEDICINE	192,770	9,783	66,529	269,082	76.02
76.03	03950	WOUND CARE	1,022,908	33,819	158,623	1,225,388	76.03
76.97	07697	CARDIAC REHABILITATION	90,591	6,457	33,926	133,276	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	139,043	12,649	50,409	210,608	90.00
91.00	09100	EMERGENCY	2,170,020	132,683	709,374	3,122,621	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	8,921,341	47,955	2,756,886	11,744,290	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	2,970,386	0	688,963	3,663,147	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118,999,095	3,413,671	15,713,552	118,961,620	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	19,111	5,165	0	24,276	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	3,743,274	0	32,310	3,775,584	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		TOTAL (sum lines 118 through 201)	122,761,480	3,418,836	15,745,862	122,761,480	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/25/2020 8:32 pm

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	30,786,109					5.00
6.00	00600	MAINTENANCE & REPAIRS	74,974	298,965				6.00
7.00	00700	OPERATION OF PLANT	1,242,466	70,839	5,025,249			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	137,252	1,983	44,234	593,519		8.00
9.00	00900	HOUSEKEEPING	363,095	0	0	0	1,447,863	9.00
10.00	01000	DIETARY	172,335	6,659	152,531	2,890	43,410	10.00
11.00	01100	CAFETERIA	303,118	1,955	43,666	0	12,427	11.00
13.00	01300	NURSING ADMINISTRATION	502,510	3,542	78,663	0	22,387	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	101,053	3,145	69,616	2,540	19,813	14.00
15.00	01500	PHARMACY	745,912	4,590	101,742	0	28,956	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,842,646	4,902	147,764	0	42,053	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,568,889	46,611	1,060,706	179,450	301,876	30.00
31.00	03100	INTENSIVE CARE UNIT	616,071	5,384	119,268	29,298	33,943	31.00
43.00	04300	NURSERY	205,139	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,304,950	38,054	844,056	121,688	240,217	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	481,050	5,469	121,028	42,712	34,444	52.00
53.00	05300	ANESTHESIOLOGY	460,849	227	5,309	0	1,511	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,502,894	35,589	789,474	31,287	224,683	54.00
54.01	03630	ULTRA SOUND	137,396	680	14,844	3,120	4,225	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	163,891	2,975	65,850	1,126	18,741	54.02
54.06	05404	PET SCAN	36,158	0	0	0	0	54.06
57.00	05700	CT SCAN	330,679	1,700	37,950	9,793	10,801	57.00
58.00	05800	MRI	154,798	2,040	45,210	18,386	12,867	58.00
59.00	05900	CARDIAC CATHETERIZATION	100,844	2,267	50,167	64	14,277	59.00
60.00	06000	LABORATORY	1,117,920	6,404	142,048	30	40,427	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	276,930	878	19,774	6,002	5,628	65.00
66.00	06600	PHYSICAL THERAPY	966,278	9,776	216,702	8,379	61,673	66.00
67.00	06700	OCCUPATIONAL THERAPY	150,592	0	0	3,022	0	67.00
69.00	06900	ELECTROCARDIOLOGY	339,543	4,930	109,299	3,627	31,106	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	76,930	822	18,501	165	5,265	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	2,492,770	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	912,460	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,698,605	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	12,834	538	12,108	0	3,446	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	102,630	1,190	26,627	6,961	7,578	76.01
76.02	03952	TELEMEDICINE	90,067	1,218	27,088	0	7,709	76.02
76.03	03950	WOUND CARE	410,163	4,222	93,643	7,713	26,651	76.03
76.97	07697	CARDIAC REHABILITATION	44,610	793	17,878	565	5,088	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	70,495	1,587	35,025	108	9,968	90.00
91.00	09100	EMERGENCY	1,045,207	16,576	367,392	112,711	104,559	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,931,081	5,979	132,784	0	37,790	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,226,132	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,514,216	293,524	5,010,947	591,637	1,413,519	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	8,126	652	14,302	0	4,070	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	1,263,767	4,789	0	1,882	30,274	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	30,786,109	298,965	5,025,249	593,519	1,447,863	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/25/2020 8:32 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	892,688					10.00
11.00	01100	CAFETERIA	0	1,266,751				11.00
13.00	01300	NURSING ADMINISTRATION	0	27,974	2,136,357			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,786	0	508,856		14.00
15.00	01500	PHARMACY	0	29,853	119,143	0	3,258,655	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	41,822	166,837	12	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	783,090	177,634	708,780	13,998	6,990	30.00
31.00	03100	INTENSIVE CARE UNIT	109,598	38,760	154,636	2,952	1,527	31.00
43.00	04300	NURSERY	0	15,286	61,002	1,308	31	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	116,443	464,550	265,790	1,794	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	34,817	138,939	3,694	0	52.00
53.00	05300	ANESTHESIOLOGY	0	42,008	0	7,432	34,096	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	77,544	0	9,247	2,600	54.00
54.01	03630	ULTRA SOUND	0	8,095	0	1,851	11	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	5,149	0	10,027	7,816	54.02
54.06	05404	PET SCAN	0	0	0	0	0	54.06
57.00	05700	CT SCAN	0	14,660	0	4,316	0	57.00
58.00	05800	MRI	0	6,820	0	1,703	169	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,095	0	2,505	19	59.00
60.00	06000	LABORATORY	0	58,036	0	80,329	32	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	19,832	79,116	6,311	8	65.00
66.00	06600	PHYSICAL THERAPY	0	61,771	0	738	29	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,253	0	1,090	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	19,879	0	839	658	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,265	0	1,104	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	22,861	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,777	2,931,715	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	0	8,095	0	0	0	76.01
76.02	03952	TELEMEDICINE	0	5,497	0	3	0	76.02
76.03	03950	WOUND CARE	0	15,588	0	13,443	8,100	76.03
76.97	07697	CARDIAC REHABILITATION	0	3,224	0	79	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	4,546	0	282	11	90.00
91.00	09100	EMERGENCY	0	60,982	243,354	13,959	3,583	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	272,694	0	25,736	513	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	63,023	0	5,438	258,953	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	892,688	1,264,431	2,136,357	508,824	3,258,655	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	2,320	0	32	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	892,688	1,266,751	2,136,357	508,856	3,258,655	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/25/2020 8:32 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	17.00	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
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	7,751,057					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	354,857	0	13,877,599	0	13,877,599	30.00
31.00	03100	INTENSIVE CARE UNIT	66,897	0	3,018,885	0	3,018,885	31.00
43.00	04300	NURSERY	29,836	0	925,468	0	925,468	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,082,335	0	12,366,060	0	12,366,060	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	84,063	0	2,383,382	0	2,383,382	52.00
53.00	05300	ANESTHESIOLOGY	246,275	0	2,174,521	0	2,174,521	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	487,193	0	7,650,500	0	7,650,500	54.00
54.01	03630	ULTRA SOUND	95,916	0	676,617	0	676,617	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	146,763	0	911,972	0	911,972	54.02
54.06	05404	PET SCAN	25,971	0	170,154	0	170,154	54.06
57.00	05700	CT SCAN	1,006,650	0	2,404,472	0	2,404,472	57.00
58.00	05800	MRI	297,138	0	1,001,599	0	1,001,599	58.00
59.00	05900	CARDIAC CATHETERIZATION	55,887	0	535,403	0	535,403	59.00
60.00	06000	LABORATORY	575,449	0	5,360,531	0	5,360,531	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	44,388	0	1,286,212	0	1,286,212	65.00
66.00	06600	PHYSICAL THERAPY	173,761	0	4,385,922	0	4,385,922	66.00
67.00	06700	OCCUPATIONAL THERAPY	86,709	0	701,570	0	701,570	67.00
69.00	06900	ELECTROCARDIOLOGY	262,203	0	1,786,489	0	1,786,489	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	63,340	0	401,224	0	401,224	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	259,643	0	10,222,580	0	10,222,580	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	232,622	0	3,871,113	0	3,871,113	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,185,417	0	10,902,204	0	10,902,204	73.00
74.00	07400	RENAL DIALYSIS	1,376	0	68,645	0	68,645	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	69,000	0	528,694	0	528,694	76.01
76.02	03952	TELEMEDICINE	11,551	0	412,215	0	412,215	76.02
76.03	03950	WOUND CARE	162,191	0	1,967,102	0	1,967,102	76.03
76.97	07697	CARDIAC REHABILITATION	11,957	0	217,470	0	217,470	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,423	0	340,053	0	340,053	90.00
91.00	09100	EMERGENCY	624,246	0	5,715,190	0	5,715,190	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	16,150,867	0	16,150,867	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	5,216,693	0	5,216,693	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,751,057	0	117,631,406	0	117,631,406	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	51,426	0	51,426	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	0	5,078,648	0	5,078,648	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,751,057	0	122,761,480	0	122,761,480	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/25/2020 8:32 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	6,838	415	7,253	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,253,922	1,004,181	750,738	4,008,841	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	1,103	1,103	6.00
7.00	00700	OPERATION OF PLANT	17,004	592,952	295,613	905,569	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	15,975	1,639	17,614	8.00
9.00	00900	HOUSEKEEPING	21,451	0	4,991	26,442	9.00
10.00	01000	DIETARY	3,600	55,087	24,445	83,132	10.00
11.00	01100	CAFETERIA	0	15,770	0	15,770	11.00
13.00	01300	NURSING ADMINISTRATION	1,488	28,409	50,681	80,578	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	25,142	0	25,142	14.00
15.00	01500	PHARMACY	193,944	36,744	6,567	237,255	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	53,365	0	53,365	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,110	383,073	201,358	585,541	30.00
31.00	03100	INTENSIVE CARE UNIT	2,311	43,073	38,485	83,869	31.00
43.00	04300	NURSERY	0	0	9,594	9,594	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	512,129	304,830	861,557	1,678,516	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	43,709	28,398	72,107	52.00
53.00	05300	ANESTHESIOLOGY	30,540	1,917	28,460	60,917	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	657,450	285,118	529,998	1,472,566	54.00
54.01	03630	ULTRA SOUND	0	5,361	42,058	47,419	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	23,782	1,766	25,548	54.02
54.06	05404	PET SCAN	0	0	0	0	54.06
57.00	05700	CT SCAN	0	13,706	34,769	48,475	57.00
58.00	05800	MRI	0	16,327	108,338	124,665	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	18,118	20,493	38,611	59.00
60.00	06000	LABORATORY	57,803	51,301	93,071	202,175	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	7,141	9,450	16,591	65.00
66.00	06600	PHYSICAL THERAPY	0	78,262	21,677	99,939	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	39,473	83,613	123,086	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,682	9,979	16,661	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	4,373	0	4,373	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	0	9,616	3,273	12,889	76.01
76.02	03952	TELEMEDICINE	0	9,783	0	9,783	76.02
76.03	03950	WOUND CARE	0	33,819	10,038	43,857	76.03
76.97	07697	CARDIAC REHABILITATION	0	6,457	2,302	8,759	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	12,649	8,507	21,156	90.00
91.00	09100	EMERGENCY	0	132,683	110,544	243,227	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	47,955	18,108	66,063	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	161,627	0	3,798	165,425	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,914,379	3,413,671	3,415,826	10,743,876	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	5,165	0	5,165	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	0	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.03
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,914,379	3,418,836	3,415,826	10,749,041	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/25/2020 8:32 pm

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	4,009,332					5.00
6.00	00600	MAINTENANCE & REPAIRS	9,764	10,894				6.00
7.00	00700	OPERATION OF PLANT	161,807	2,582	1,070,090			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	17,874	72	9,419	44,986		8.00
9.00	00900	HOUSEKEEPING	47,286	0	0	0	73,828	9.00
10.00	01000	DIETARY	22,443	243	32,480	219	2,214	10.00
11.00	01100	CAFETERIA	39,475	71	9,298	0	634	11.00
13.00	01300	NURSING ADMINISTRATION	65,442	129	16,751	0	1,142	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,160	115	14,824	192	1,010	14.00
15.00	01500	PHARMACY	97,141	167	21,665	0	1,476	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	239,969	179	31,465	0	2,144	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	334,549	1,698	225,872	13,601	15,393	30.00
31.00	03100	INTENSIVE CARE UNIT	80,231	196	25,397	2,221	1,731	31.00
43.00	04300	NURSERY	26,715	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	300,176	1,387	179,736	9,223	12,249	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	62,648	199	25,772	3,237	1,756	52.00
53.00	05300	ANESTHESIOLOGY	60,017	8	1,131	0	77	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	195,723	1,297	168,113	2,371	11,457	54.00
54.01	03630	ULTRA SOUND	17,893	25	3,161	237	215	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	21,344	108	14,022	85	956	54.02
54.06	05404	PET SCAN	4,709	0	0	0	0	54.06
57.00	05700	CT SCAN	43,065	62	8,081	742	551	57.00
58.00	05800	MRI	20,159	74	9,627	1,394	656	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,133	83	10,683	5	728	59.00
60.00	06000	LABORATORY	145,588	233	30,248	2	2,061	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	36,065	32	4,211	455	287	65.00
66.00	06600	PHYSICAL THERAPY	125,839	356	46,145	635	3,145	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,612	0	0	229	0	67.00
69.00	06900	ELECTROCARDIOLOGY	44,219	180	23,274	275	1,586	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,019	30	3,940	13	268	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	324,636	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	118,830	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	221,211	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,671	20	2,578	0	176	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	13,366	43	5,670	528	386	76.01
76.02	03952	TELEMEDICINE	11,730	44	5,768	0	393	76.02
76.03	03950	WOUND CARE	53,416	154	19,940	585	1,359	76.03
76.97	07697	CARDIAC REHABILITATION	5,810	29	3,807	43	259	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,181	58	7,458	8	508	90.00
91.00	09100	EMERGENCY	136,118	604	78,233	8,543	5,332	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	511,979	218	28,275	0	1,927	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	159,680	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,843,693	10,696	1,067,044	44,843	72,076	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	1,058	24	3,046	0	208	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	164,581	174	0	143	1,544	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	4,009,332	10,894	1,070,090	44,986	73,828	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/25/2020 8:32 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	140,771					10.00
11.00	01100	CAFETERIA	0	65,326				11.00
13.00	01300	NURSING ADMINISTRATION	0	1,443	165,651			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	556	0	55,029		14.00
15.00	01500	PHARMACY	0	1,540	9,238	0	368,703	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,157	12,936	1	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	123,488	9,161	54,959	1,514	791	30.00
31.00	03100	INTENSIVE CARE UNIT	17,283	1,999	11,990	319	173	31.00
43.00	04300	NURSERY	0	788	4,730	141	3	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,005	36,021	28,743	203	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,796	10,773	399	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,166	0	804	3,858	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,999	0	1,000	294	54.00
54.01	03630	ULTRA SOUND	0	417	0	200	1	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	266	0	1,084	884	54.02
54.06	05404	PET SCAN	0	0	0	0	0	54.06
57.00	05700	CT SCAN	0	756	0	467	0	57.00
58.00	05800	MRI	0	352	0	184	19	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	417	0	271	2	59.00
60.00	06000	LABORATORY	0	2,993	0	8,688	4	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	1,023	6,135	683	1	65.00
66.00	06600	PHYSICAL THERAPY	0	3,185	0	80	3	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	529	0	118	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	1,025	0	91	74	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	272	0	119	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	2,472	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,274	331,714	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	0	417	0	0	0	76.01
76.02	03952	TELEMEDICINE	0	284	0	0	0	76.02
76.03	03950	WOUND CARE	0	804	0	1,454	916	76.03
76.97	07697	CARDIAC REHABILITATION	0	166	0	8	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	234	0	31	1	90.00
91.00	09100	EMERGENCY	0	3,145	18,869	1,510	405	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	14,061	0	2,783	58	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	3,250	0	588	29,299	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	140,771	65,206	165,651	55,026	368,703	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	120	0	3	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	140,771	65,326	165,651	55,029	368,703	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/25/2020 8:32 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	17.00	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
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	342,501					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,674	0	1,383,050	0	1,383,050	30.00
31.00	03100	INTENSIVE CARE UNIT	2,955	0	228,580	0	228,580	31.00
43.00	04300	NURSERY	1,318	0	43,364	0	43,364	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	47,807	0	2,300,576	0	2,300,576	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,713	0	182,571	0	182,571	52.00
53.00	05300	ANESTHESIOLOGY	10,878	0	140,316	0	140,316	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,519	0	1,878,658	0	1,878,658	54.00
54.01	03630	ULTRA SOUND	4,237	0	73,846	0	73,846	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	6,483	0	70,803	0	70,803	54.02
54.06	05404	PET SCAN	1,147	0	5,856	0	5,856	54.06
57.00	05700	CT SCAN	44,464	0	146,726	0	146,726	57.00
58.00	05800	MRI	13,125	0	170,285	0	170,285	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,469	0	66,427	0	66,427	59.00
60.00	06000	LABORATORY	25,418	0	417,641	0	417,641	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,961	0	67,533	0	67,533	65.00
66.00	06600	PHYSICAL THERAPY	7,675	0	287,326	0	287,326	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,830	0	24,374	0	24,374	67.00
69.00	06900	ELECTROCARDIOLOGY	11,581	0	205,487	0	205,487	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,798	0	34,147	0	34,147	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	11,468	0	338,576	0	338,576	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	10,275	0	129,105	0	129,105	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	52,494	0	606,693	0	606,693	73.00
74.00	07400	RENAL DIALYSIS	61	0	8,879	0	8,879	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	3,048	0	36,383	0	36,383	76.01
76.02	03952	TELEMEDICINE	510	0	28,543	0	28,543	76.02
76.03	03950	WOUND CARE	7,164	0	129,722	0	129,722	76.03
76.97	07697	CARDIAC REHABILITATION	528	0	19,425	0	19,425	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	328	0	38,986	0	38,986	90.00
91.00	09100	EMERGENCY	27,573	0	523,885	0	523,885	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0		92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	626,638	0	626,638	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	358,559	0	358,559	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	342,501	0	10,572,960	0	10,572,960	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	9,501	0	9,501	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	0	166,580	0	166,580	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	342,501	0	10,749,041	0	10,749,041	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 8:32 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliatio n	ADMINISTRATIV E & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	349,476				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2,570,122			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	699	312	41,858,892		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	102,648	564,867	2,839,665	-30,786,109	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	830	153,859	0	6.00
7.00	00700	OPERATION OF PLANT	60,612	222,424	760,726	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,633	1,233	42,572	0	8.00
9.00	00900	HOUSEKEEPING	0	3,755	577,847	0	9.00
10.00	01000	DIETARY	5,631	18,393	230,715	0	10.00
11.00	01100	CAFETERIA	1,612	0	449,792	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,904	38,133	958,516	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,570	0	175,513	0	14.00
15.00	01500	PHARMACY	3,756	4,941	1,275,570	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,455	0	1,644,855	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	39,158	151,505	4,674,486	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,403	28,957	1,246,102	0	31.00
43.00	04300	NURSERY	0	7,219	433,066	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	31,160	648,249	2,946,754	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,468	21,367	986,313	0	52.00
53.00	05300	ANESTHESIOLOGY	196	21,414	2,659,292	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,145	398,779	1,841,194	0	54.00
54.01	03630	ULTRA SOUND	548	31,645	238,990	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,431	1,329	131,499	0	54.02
54.06	05404	PET SCAN	0	0	0	0	54.06
57.00	05700	CT SCAN	1,401	26,161	364,664	0	57.00
58.00	05800	MRI	1,669	81,515	175,943	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,852	15,419	141,677	0	59.00
60.00	06000	LABORATORY	5,244	70,028	1,333,463	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	730	7,110	513,354	0	65.00
66.00	06600	PHYSICAL THERAPY	8,000	16,310	1,870,209	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	322,099	0	67.00
69.00	06900	ELECTROCARDIOLOGY	4,035	62,912	554,645	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	683	7,508	154,439	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	447	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	983	2,463	206,189	0	76.01
76.02	03952	TELEMEDICINE	1,000	0	176,860	0	76.02
76.03	03950	WOUND CARE	3,457	7,553	421,685	0	76.03
76.97	07697	CARDIAC REHABILITATION	660	1,732	90,188	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,293	6,401	134,007	0	90.00
91.00	09100	EMERGENCY	13,563	83,175	1,885,806	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	4,902	13,625	7,328,899	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,858	1,831,545	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	348,948	2,570,122	41,772,998	-30,786,109	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	528	0	0	0	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	0	0	85,894	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.03
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)	3,418,836	3,415,826	15,745,862	30,786,109	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.782749	1.329052	0.376165	0.334721	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 8:32 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliatio n	ADMINISTRATIV E & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
204.00		Cost to be allocated (per Wkst. B, Part II)			7,253		4,009,332	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000173		0.043591	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: 14-0032

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 8:32 pm

Cost Center Description		MAINTENANCE & REPAIRS (HOURS OF SERVICE)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	10,551				6.00
7.00	00700	OPERATION OF PLANT	2,500	185,517			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	70	1,633	575,379		8.00
9.00	00900	HOUSEKEEPING	0	0	0	187,811	9.00
10.00	01000	DIETARY	235	5,631	2,802	5,631	12,405 10.00
11.00	01100	CAFETERIA	69	1,612	0	1,612	0 11.00
13.00	01300	NURSING ADMINISTRATION	125	2,904	0	2,904	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	111	2,570	2,462	2,570	0 14.00
15.00	01500	PHARMACY	162	3,756	0	3,756	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	173	5,455	0	5,455	0 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0 17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,645	39,158	173,963	39,158	10,882 30.00
31.00	03100	INTENSIVE CARE UNIT	190	4,403	28,403	4,403	1,523 31.00
43.00	04300	NURSERY	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,343	31,160	117,969	31,160	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	193	4,468	41,407	4,468	0 52.00
53.00	05300	ANESTHESIOLOGY	8	196	0	196	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,256	29,145	30,331	29,145	0 54.00
54.01	03630	ULTRA SOUND	24	548	3,025	548	0 54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	105	2,431	1,092	2,431	0 54.02
54.06	05404	PET SCAN	0	0	0	0	0 54.06
57.00	05700	CT SCAN	60	1,401	9,494	1,401	0 57.00
58.00	05800	MRI	72	1,669	17,824	1,669	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	80	1,852	62	1,852	0 59.00
60.00	06000	LABORATORY	226	5,244	29	5,244	0 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	31	730	5,819	730	0 65.00
66.00	06600	PHYSICAL THERAPY	345	8,000	8,123	8,000	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,930	0	0 67.00
69.00	06900	ELECTROCARDIOLOGY	174	4,035	3,516	4,035	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	29	683	160	683	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0 71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	19	447	0	447	0 74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0 76.00
76.01	03650	VASCULAR LAB	42	983	6,748	983	0 76.01
76.02	03952	TELEMEDICINE	43	1,000	0	1,000	0 76.02
76.03	03950	WOUND CARE	149	3,457	7,477	3,457	0 76.03
76.97	07697	CARDIAC REHABILITATION	28	660	548	660	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	56	1,293	105	1,293	0 90.00
91.00	09100	EMERGENCY	585	13,563	109,266	13,563	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					0 92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	211	4,902	0	4,902	0 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,359	184,989	573,555	183,356	12,405 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	23	528	0	528	0 190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	169	0	1,824	3,927	0 194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0 194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.03
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)	298,965	5,025,249	593,519	1,447,863	892,688 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	28.335229	27.087809	1.031527	7.709149	71.961951 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	10,894	1,070,090	44,986	73,828	140,771 204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 8:32 pm

Cost Center Description			MAINTENANCE & REPAIRS (HOURS OF SERVICE)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	1.032509	5.768151	0.078185	0.393097	11.347924	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: 14-0032

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 8:32 pm

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATIO N (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	54,611					11.00
13.00	01300	NURSING ADMINISTRATION	1,206	480,139				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	465	0	11,097,715			14.00
15.00	01500	PHARMACY	1,287	26,777	0	4,884,594		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,803	37,496	267	0	353,308,687	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,658	159,296	305,280	10,478	16,175,464	30.00
31.00	03100	INTENSIVE CARE UNIT	1,671	34,754	64,383	2,289	3,049,374	31.00
43.00	04300	NURSERY	659	13,710	28,530	46	1,360,028	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,020	104,406	5,796,633	2,689	49,336,093	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,501	31,226	80,553	0	3,831,838	52.00
53.00	05300	ANESTHESIOLOGY	1,811	0	162,076	51,108	11,225,957	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,343	0	201,675	3,898	22,207,737	54.00
54.01	03630	ULTRA SOUND	349	0	40,379	16	4,372,141	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	222	0	218,674	11,716	6,689,903	54.02
54.06	05404	PET SCAN	0	0	0	0	1,183,828	54.06
57.00	05700	CT SCAN	632	0	94,131	0	45,886,133	57.00
58.00	05800	MRI	294	0	37,142	254	13,544,439	58.00
59.00	05900	CARDIAC CATHETERIZATION	349	0	54,630	29	2,547,494	59.00
60.00	06000	LABORATORY	2,502	0	1,751,924	48	26,230,717	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	855	17,781	137,648	12	2,023,344	65.00
66.00	06600	PHYSICAL THERAPY	2,663	0	16,100	44	7,920,543	66.00
67.00	06700	OCCUPATIONAL THERAPY	442	0	23,780	0	3,952,443	67.00
69.00	06900	ELECTROCARDIOLOGY	857	0	18,291	986	11,952,011	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	227	0	24,071	0	2,887,223	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	498,573	0	11,835,311	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	10,603,613	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	256,846	4,394,523	54,027,046	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	62,700	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	349	0	0	0	3,145,206	76.01
76.02	03952	TELEMEDICINE	237	0	61	0	526,533	76.02
76.03	03950	WOUND CARE	672	0	293,186	12,141	7,393,172	76.03
76.97	07697	CARDIAC REHABILITATION	139	0	1,713	0	545,032	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	196	0	6,161	17	338,366	90.00
91.00	09100	EMERGENCY	2,629	54,693	304,426	5,371	28,454,998	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	11,756	0	561,286	769	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,717	0	118,601	388,160	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	54,511	480,139	11,097,020	4,884,594	353,308,687	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	100	0	695	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	MEALS ON WHEELS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,266,751	2,136,357	508,856	3,258,655	7,751,057	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	23.195895	4.449455	0.045852	0.667129	0.021938	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	65,326	165,651	55,029	368,703	342,501	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 8:32 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATIO N (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	1.196206	0.345006	0.004959	0.075483	0.000969	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: 14-0032

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 8:32 pm

Cost Center Description		SOCIAL SERVICE (PATIENT DAYS)	
		17.00	
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
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
		12,405	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
		10,882	
		1,523	
		0	
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRA SOUND	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	54.02
54.06	05404	PET SCAN	54.06
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
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	62.30
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	76.00
76.01	03650	VASCULAR LAB	76.01
76.02	03952	TELEMEDICINE	76.02
76.03	03950	WOUND CARE	76.03
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	92.00
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
		12,405	
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	190.00
194.00	07950	PHILANTHROPY DEVELOPMENT	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	194.01
194.02	07952	MEALS ON WHEELS	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	194.03
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)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	204.00
		0.000000	
		0	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 8:32 pm

Cost Center Description		SOCIAL SERVICE (PATIENT DAYS)	
		17.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/25/2020 8:32 pm

			Title XVIII		Hospital		PPS
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	13,877,599		13,877,599	0	13,877,599
31.00	03100	INTENSIVE CARE UNIT	3,018,885		3,018,885	0	3,018,885
43.00	04300	NURSERY	925,468		925,468	0	925,468
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,366,060		12,366,060	0	12,366,060
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,383,382		2,383,382	0	2,383,382
53.00	05300	ANESTHESIOLOGY	2,174,521		2,174,521	0	2,174,521
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,650,500		7,650,500	0	7,650,500
54.01	03630	ULTRA SOUND	676,617		676,617	0	676,617
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	911,972		911,972	0	911,972
54.06	05404	PET SCAN	170,154		170,154	0	170,154
57.00	05700	CT SCAN	2,404,472		2,404,472	0	2,404,472
58.00	05800	MRI	1,001,599		1,001,599	0	1,001,599
59.00	05900	CARDIAC CATHETERIZATION	535,403		535,403	0	535,403
60.00	06000	LABORATORY	5,360,531		5,360,531	25,992	5,386,523
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	1,286,212	0	1,286,212	0	1,286,212
66.00	06600	PHYSICAL THERAPY	4,385,922	0	4,385,922	0	4,385,922
67.00	06700	OCCUPATIONAL THERAPY	701,570	0	701,570	0	701,570
69.00	06900	ELECTROCARDIOLOGY	1,786,489		1,786,489	0	1,786,489
70.00	07000	ELECTROENCEPHALOGRAPHY	401,224		401,224	0	401,224
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	10,222,580		10,222,580	0	10,222,580
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	3,871,113		3,871,113	0	3,871,113
73.00	07300	DRUGS CHARGED TO PATIENTS	10,902,204		10,902,204	0	10,902,204
74.00	07400	RENAL DIALYSIS	68,645		68,645	0	68,645
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0		0	0	0
76.01	03650	VASCULAR LAB	528,694		528,694	0	528,694
76.02	03952	TELEMEDICINE	412,215		412,215	0	412,215
76.03	03950	WOUND CARE	1,967,102		1,967,102	6,776	1,973,878
76.97	07697	CARDIAC REHABILITATION	217,470		217,470	0	217,470
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	340,053		340,053	0	340,053
91.00	09100	EMERGENCY	5,715,190		5,715,190	0	5,715,190
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1,790,220		1,790,220		1,790,220
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	16,150,867		16,150,867		16,150,867
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	5,216,693		5,216,693		5,216,693
200.00		Subtotal (see instructions)	119,421,626	0	119,421,626	32,768	119,454,394
201.00		Less Observation Beds	1,790,220		1,790,220		1,790,220
202.00		Total (see instructions)	117,631,406	0	117,631,406	32,768	117,664,174

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/25/2020 8:32 pm

			Title XVIII		Hospital		PPS		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				9.00
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,722,786		12,722,786			30.00	
31.00	03100	INTENSIVE CARE UNIT	3,049,374		3,049,374			31.00	
43.00	04300	NURSERY	1,360,028		1,360,028			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,515,910	37,820,183	49,336,093	0.250649	0.000000	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,254,918	576,920	3,831,838	0.621994	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	3,823,559	7,402,398	11,225,957	0.193705	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,375,705	19,832,032	22,207,737	0.344497	0.000000	54.00	
54.01	03630	ULTRA SOUND	425,332	3,946,809	4,372,141	0.154756	0.000000	54.01	
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	298,516	6,391,387	6,689,903	0.136321	0.000000	54.02	
54.06	05404	PET SCAN	7,613	1,176,215	1,183,828	0.143732	0.000000	54.06	
57.00	05700	CT SCAN	7,854,517	38,031,616	45,886,133	0.052401	0.000000	57.00	
58.00	05800	MRI	888,035	12,656,404	13,544,439	0.073949	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	460,332	2,087,162	2,547,494	0.210169	0.000000	59.00	
60.00	06000	LABORATORY	7,950,689	18,280,028	26,230,717	0.204361	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30	
65.00	06500	RESPIRATORY THERAPY	1,864,765	158,579	2,023,344	0.635686	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	1,664,462	6,256,081	7,920,543	0.553740	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	799,847	3,152,596	3,952,443	0.177503	0.000000	67.00	
69.00	06900	ELECTROCARDIOLOGY	2,064,269	9,887,742	11,952,011	0.149472	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	14,517	2,872,706	2,887,223	0.138965	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	5,043,427	6,791,884	11,835,311	0.863736	0.000000	71.00	
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	5,048,112	5,555,501	10,603,613	0.365075	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	15,749,746	38,277,300	54,027,046	0.201792	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	50,160	12,540	62,700	1.094817	0.000000	74.00	
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0.000000	0.000000	76.00	
76.01	03650	VASCULAR LAB	225,247	2,919,959	3,145,206	0.168095	0.000000	76.01	
76.02	03952	TELEMEDICINE	322	526,211	526,533	0.782885	0.000000	76.02	
76.03	03950	WOUND CARE	16,687	7,376,485	7,393,172	0.266070	0.000000	76.03	
76.97	07697	CARDIAC REHABILITATION	0	545,032	545,032	0.399004	0.000000	76.97	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,053	337,313	338,366	1.004986	0.000000	90.00	
91.00	09100	EMERGENCY	5,491,721	22,963,277	28,454,998	0.200850	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	858,996	2,593,682	3,452,678	0.518502	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	13,028,252	13,028,252			101.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	157	12,691,562	12,691,719			116.00	
200.00		Subtotal (see instructions)	94,880,802	284,147,856	379,028,658			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	94,880,802	284,147,856	379,028,658			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/25/2020 8:32 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.250649		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.621994		52.00
53.00	05300	ANESTHESIOLOGY	0.193705		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.344497		54.00
54.01	03630	ULTRA SOUND	0.154756		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.136321		54.02
54.06	05404	PET SCAN	0.143732		54.06
57.00	05700	CT SCAN	0.052401		57.00
58.00	05800	MRI	0.073949		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.210169		59.00
60.00	06000	LABORATORY	0.205352		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.635686		65.00
66.00	06600	PHYSICAL THERAPY	0.553740		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.177503		67.00
69.00	06900	ELECTROCARDIOLOGY	0.149472		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.138965		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.863736		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.365075		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201792		73.00
74.00	07400	RENAL DIALYSIS	1.094817		74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000		76.00
76.01	03650	VASCULAR LAB	0.168095		76.01
76.02	03952	TELEMEDICINE	0.782885		76.02
76.03	03950	WOUND CARE	0.266987		76.03
76.97	07697	CARDIAC REHABILITATION	0.399004		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.004986		90.00
91.00	09100	EMERGENCY	0.200850		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.518502		92.00
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: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/25/2020 8:32 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,877,599		13,877,599	0	13,877,599	30.00
31.00	03100	INTENSIVE CARE UNIT	3,018,885		3,018,885	0	3,018,885	31.00
43.00	04300	NURSERY	925,468		925,468	0	925,468	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,366,060		12,366,060	0	12,366,060	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,383,382		2,383,382	0	2,383,382	52.00
53.00	05300	ANESTHESIOLOGY	2,174,521		2,174,521	0	2,174,521	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,650,500		7,650,500	0	7,650,500	54.00
54.01	03630	ULTRA SOUND	676,617		676,617	0	676,617	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	911,972		911,972	0	911,972	54.02
54.06	05404	PET SCAN	170,154		170,154	0	170,154	54.06
57.00	05700	CT SCAN	2,404,472		2,404,472	0	2,404,472	57.00
58.00	05800	MRI	1,001,599		1,001,599	0	1,001,599	58.00
59.00	05900	CARDIAC CATHETERIZATION	535,403		535,403	0	535,403	59.00
60.00	06000	LABORATORY	5,360,531		5,360,531	25,992	5,386,523	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,286,212	0	1,286,212	0	1,286,212	65.00
66.00	06600	PHYSICAL THERAPY	4,385,922	0	4,385,922	0	4,385,922	66.00
67.00	06700	OCCUPATIONAL THERAPY	701,570	0	701,570	0	701,570	67.00
69.00	06900	ELECTROCARDIOLOGY	1,786,489		1,786,489	0	1,786,489	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	401,224		401,224	0	401,224	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	10,222,580		10,222,580	0	10,222,580	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	3,871,113		3,871,113	0	3,871,113	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,902,204		10,902,204	0	10,902,204	73.00
74.00	07400	RENAL DIALYSIS	68,645		68,645	0	68,645	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0		0	0	0	76.00
76.01	03650	VASCULAR LAB	528,694		528,694	0	528,694	76.01
76.02	03952	TELEMEDICINE	412,215		412,215	0	412,215	76.02
76.03	03950	WOUND CARE	1,967,102		1,967,102	6,776	1,973,878	76.03
76.97	07697	CARDIAC REHABILITATION	217,470		217,470	0	217,470	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	340,053		340,053	0	340,053	90.00
91.00	09100	EMERGENCY	5,715,190		5,715,190	0	5,715,190	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1,790,220		1,790,220		1,790,220	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	16,150,867		16,150,867		16,150,867	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,216,693		5,216,693		5,216,693	116.00
200.00		Subtotal (see instructions)	119,421,626	0	119,421,626	32,768	119,454,394	200.00
201.00		Less Observation Beds	1,790,220		1,790,220		1,790,220	201.00
202.00		Total (see instructions)	117,631,406	0	117,631,406	32,768	117,664,174	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/25/2020 8:32 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,722,786		12,722,786		30.00
31.00	03100	INTENSIVE CARE UNIT	3,049,374		3,049,374		31.00
43.00	04300	NURSERY	1,360,028		1,360,028		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,515,910	37,820,183	49,336,093	0.250649	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,254,918	576,920	3,831,838	0.621994	52.00
53.00	05300	ANESTHESIOLOGY	3,823,559	7,402,398	11,225,957	0.193705	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,375,705	19,832,032	22,207,737	0.344497	54.00
54.01	03630	ULTRA SOUND	425,332	3,946,809	4,372,141	0.154756	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	298,516	6,391,387	6,689,903	0.136321	54.02
54.06	05404	PET SCAN	7,613	1,176,215	1,183,828	0.143732	54.06
57.00	05700	CT SCAN	7,854,517	38,031,616	45,886,133	0.052401	57.00
58.00	05800	MRI	888,035	12,656,404	13,544,439	0.073949	58.00
59.00	05900	CARDIAC CATHETERIZATION	460,332	2,087,162	2,547,494	0.210169	59.00
60.00	06000	LABORATORY	7,950,689	18,280,028	26,230,717	0.204361	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	1,864,765	158,579	2,023,344	0.635686	65.00
66.00	06600	PHYSICAL THERAPY	1,664,462	6,256,081	7,920,543	0.553740	66.00
67.00	06700	OCCUPATIONAL THERAPY	799,847	3,152,596	3,952,443	0.177503	67.00
69.00	06900	ELECTROCARDIOLOGY	2,064,269	9,887,742	11,952,011	0.149472	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,517	2,872,706	2,887,223	0.138965	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	5,043,427	6,791,884	11,835,311	0.863736	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	5,048,112	5,555,501	10,603,613	0.365075	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,749,746	38,277,300	54,027,046	0.201792	73.00
74.00	07400	RENAL DIALYSIS	50,160	12,540	62,700	1.094817	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0.000000	76.00
76.01	03650	VASCULAR LAB	225,247	2,919,959	3,145,206	0.168095	76.01
76.02	03952	TELEMEDICINE	322	526,211	526,533	0.782885	76.02
76.03	03950	WOUND CARE	16,687	7,376,485	7,393,172	0.266070	76.03
76.97	07697	CARDIAC REHABILITATION	0	545,032	545,032	0.399004	76.97
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,053	337,313	338,366	1.004986	90.00
91.00	09100	EMERGENCY	5,491,721	22,963,277	28,454,998	0.200850	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	858,996	2,593,682	3,452,678	0.518502	92.00
	OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	13,028,252	13,028,252		101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	157	12,691,562	12,691,719		116.00
200.00		Subtotal (see instructions)	94,880,802	284,147,856	379,028,658		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	94,880,802	284,147,856	379,028,658		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/25/2020 8:32 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630	ULTRA SOUND	0.000000		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		54.02
54.06	05404	PET SCAN	0.000000		54.06
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
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
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
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000		76.00
76.01	03650	VASCULAR LAB	0.000000		76.01
76.02	03952	TELEMEDICINE	0.000000		76.02
76.03	03950	WOUND CARE	0.000000		76.03
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	0.000000		92.00
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: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
11/25/2020 8:32 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,383,050	0	1,383,050	12,341	112.07	30.00
31.00	INTENSIVE CARE UNIT	228,580		228,580	1,523	150.09	31.00
43.00	NURSERY	43,364		43,364	1,367	31.72	43.00
200.00	Total (lines 30 through 199)	1,654,994		1,654,994	15,231		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	6,437	721,395				30.00
31.00	INTENSIVE CARE UNIT	981	147,238				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	7,418	868,633				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part II
Date/Time Prepared:
11/25/2020 8:32 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,300,576	49,336,093	0.046631	6,465,678	301,501	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	182,571	3,831,838	0.047646	12,257	584	52.00
53.00	05300	ANESTHESIOLOGY	140,316	11,225,957	0.012499	1,415,237	17,689	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,878,658	22,207,737	0.084595	1,636,708	138,457	54.00
54.01	03630	ULTRA SOUND	73,846	4,372,141	0.016890	245,498	4,146	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	70,803	6,689,903	0.010584	234,040	2,477	54.02
54.06	05404	PET SCAN	5,856	1,183,828	0.004947	0	0	54.06
57.00	05700	CT SCAN	146,726	45,886,133	0.003198	4,990,128	15,958	57.00
58.00	05800	MRI	170,285	13,544,439	0.012572	440,113	5,533	58.00
59.00	05900	CARDIAC CATHETERIZATION	66,427	2,547,494	0.026075	226,773	5,913	59.00
60.00	06000	LABORATORY	417,641	26,230,717	0.015922	4,658,305	74,170	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	67,533	2,023,344	0.033377	1,208,253	40,328	65.00
66.00	06600	PHYSICAL THERAPY	287,326	7,920,543	0.036276	1,233,133	44,733	66.00
67.00	06700	OCCUPATIONAL THERAPY	24,374	3,952,443	0.006167	584,775	3,606	67.00
69.00	06900	ELECTROCARDIOLOGY	205,487	11,952,011	0.017193	1,449,755	24,926	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	34,147	2,887,223	0.011827	10,807	128	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	338,576	11,835,311	0.028607	2,838,841	81,211	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	129,105	10,603,613	0.012176	2,828,789	34,443	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	606,693	54,027,046	0.011229	8,870,305	99,605	73.00
74.00	07400	RENAL DIALYSIS	8,879	62,700	0.141611	37,620	5,327	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0.000000	0	0	76.00
76.01	03650	VASCULAR LAB	36,383	3,145,206	0.011568	157,211	1,819	76.01
76.02	03952	TELEMEDICINE	28,543	526,533	0.054209	277	15	76.02
76.03	03950	WOUND CARE	129,722	7,393,172	0.017546	14,585	256	76.03
76.97	07697	CARDIAC REHABILITATION	19,425	545,032	0.035640	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	38,986	338,366	0.115218	650	75	90.00
91.00	09100	EMERGENCY	523,885	28,454,998	0.018411	3,518,950	64,787	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	178,415	3,452,678	0.051674	496,930	25,678	92.00
200.00	Total (lines 50 through 199)		8,111,184	336,176,499		43,575,618	993,365	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0032		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 11/25/2020 8:32 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
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	12,341	0.00	6,437	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	1,523	0.00	981	31.00		
43.00	04300	NURSERY		0	1,367	0.00	0	43.00		
200.00		Total (lines 30 through 199)		0	15,231		7,418	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
43.00	04300	NURSERY	0							43.00
200.00		Total (lines 30 through 199)	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0032		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/25/2020 8:32 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND		0	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	0	0	54.02
54.06	05404	PET SCAN		0	0	0	0	0	54.06
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0	62.30
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
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 PAT		0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY		0	0	0	0	0	76.00
76.01	03650	VASCULAR LAB		0	0	0	0	0	76.01
76.02	03952	TELEMEDICINE		0	0	0	0	0	76.02
76.03	03950	WOUND CARE		0	0	0	0	0	76.03
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		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0032		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/25/2020 8:32 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	49,336,093	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,831,838	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	11,225,957	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	22,207,737	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	4,372,141	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	6,689,903	0.000000	54.02
54.06	05404	PET SCAN	0	0	0	1,183,828	0.000000	54.06
57.00	05700	CT SCAN	0	0	0	45,886,133	0.000000	57.00
58.00	05800	MRI	0	0	0	13,544,439	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,547,494	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	26,230,717	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,023,344	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,920,543	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,952,443	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	11,952,011	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,887,223	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	11,835,311	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	10,603,613	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	54,027,046	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	62,700	0.000000	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0.000000	76.00
76.01	03650	VASCULAR LAB	0	0	0	3,145,206	0.000000	76.01
76.02	03952	TELEMEDICINE	0	0	0	526,533	0.000000	76.02
76.03	03950	WOUND CARE	0	0	0	7,393,172	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	545,032	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	338,366	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	28,454,998	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	3,452,678	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	336,176,499		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0032		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/25/2020 8:32 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	6,465,678	0	15,842,004	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	12,257	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	1,415,237	0	2,507,394	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	1,636,708	0	4,293,454	0	54.00
54.01	03630	ULTRA SOUND		0.000000	245,498	0	952,813	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0.000000	234,040	0	3,272,379	0	54.02
54.06	05404	PET SCAN		0.000000	0	0	589,548	0	54.06
57.00	05700	CT SCAN		0.000000	4,990,128	0	14,708,569	0	57.00
58.00	05800	MRI		0.000000	440,113	0	4,963,905	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	226,773	0	1,206,458	0	59.00
60.00	06000	LABORATORY		0.000000	4,658,305	0	3,787,729	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0.000000	1,208,253	0	56,208	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	1,233,133	0	101,844	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	584,775	0	32,033	0	67.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	1,449,755	0	4,305,053	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	10,807	0	1,233,899	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		0.000000	2,838,841	0	2,407,083	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS		0.000000	2,828,789	0	2,881,793	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	8,870,305	0	18,006,153	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	37,620	0	10,032	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY		0.000000	0	0	0	0	76.00
76.01	03650	VASCULAR LAB		0.000000	157,211	0	1,662,604	0	76.01
76.02	03952	TELEMEDICINE		0.000000	277	0	2,056	0	76.02
76.03	03950	WOUND CARE		0.000000	14,585	0	3,916,943	0	76.03
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	392,976	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	650	0	31,564	0	90.00
91.00	09100	EMERGENCY		0.000000	3,518,950	0	6,595,892	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0.000000	496,930	0	1,283,668	0	92.00
200.00		Total (lines 50 through 199)			43,575,618	0	95,044,054	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
11/25/2020 8:32 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.250649	15,842,004	0	0	3,970,782	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.621994	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.193705	2,507,394	0	0	485,695	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.344497	4,293,454	0	0	1,479,082	54.00
54.01	03630	ULTRA SOUND	0.154756	952,813	0	0	147,454	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.136321	3,272,379	0	0	446,094	54.02
54.06	05404	PET SCAN	0.143732	589,548	0	0	84,737	54.06
57.00	05700	CT SCAN	0.052401	14,708,569	0	0	770,744	57.00
58.00	05800	MRI	0.073949	4,963,905	0	0	367,076	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.210169	1,206,458	0	0	253,560	59.00
60.00	06000	LABORATORY	0.204361	3,787,729	0	0	774,064	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.635686	56,208	0	0	35,731	65.00
66.00	06600	PHYSICAL THERAPY	0.553740	101,844	0	0	56,395	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.177503	32,033	0	0	5,686	67.00
69.00	06900	ELECTROCARDIOLOGY	0.149472	4,305,053	0	0	643,485	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.138965	1,233,899	0	0	171,469	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.863736	2,407,083	0	0	2,079,084	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.365075	2,881,793	0	0	1,052,071	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201792	18,006,153	0	116,834	3,633,498	73.00
74.00	07400	RENAL DIALYSIS	1.094817	10,032	0	0	10,983	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000	0	0	0	0	76.00
76.01	03650	VASCULAR LAB	0.168095	1,662,604	0	0	279,475	76.01
76.02	03952	TELEMEDICINE	0.782885	2,056	0	0	1,610	76.02
76.03	03950	WOUND CARE	0.266070	3,916,943	0	0	1,042,181	76.03
76.97	07697	CARDIAC REHABILITATION	0.399004	392,976	0	0	156,799	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1.004986	31,564	0	0	31,721	90.00
91.00	09100	EMERGENCY	0.200850	6,595,892	0	0	1,324,785	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.518502	1,283,668	0	0	665,584	92.00
200.00		Subtotal (see instructions)		95,044,054	0	116,834	19,969,845	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		95,044,054	0	116,834	19,969,845	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0032		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 11/25/2020 8:32 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.01	03630	ULTRA SOUND	0	0					54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0					54.02
54.06	05404	PET SCAN	0	0					54.06
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
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0					62.30
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
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0					71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,576					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0					76.00
76.01	03650	VASCULAR LAB	0	0					76.01
76.02	03952	TELEMEDICINE	0	0					76.02
76.03	03950	WOUND CARE	0	0					76.03
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	0	0					92.00
200.00		Subtotal (see instructions)	0	23,576					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	23,576					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0032	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/25/2020 8:32 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,341	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,341	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)		10,749	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)		6,437	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)		13,877,599	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)		13,877,599	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)		13,877,599	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)		1,124.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,238,471	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)		7,238,471	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:
11/25/2020 8:32 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	3,018,885	1,523	1,982.20	981	1,944,538
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					11,918,810
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					21,101,819
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					868,633
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					993,365
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,861,998
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					19,239,821
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					1,592
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,124.51
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,790,220

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0032		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 11/25/2020 8:32 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)			
		1.00	2.00	3.00	4.00	5.00			
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	1,383,050	13,877,599	0.099661	1,790,220	178,415			90.00
91.00	Nursing School cost	0	13,877,599	0.000000	1,790,220	0			91.00
92.00	Allied health cost	0	13,877,599	0.000000	1,790,220	0			92.00
93.00	All other Medical Education	0	13,877,599	0.000000	1,790,220	0			93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0032	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/25/2020 8:32 pm	
Cost Center Description			Title XVIII	Hospital	PPS	
			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		6,952,832		30.00
31.00	03100	INTENSIVE CARE UNIT		1,869,789		31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.250649	6,465,678	1,620,616	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.621994	12,257	7,624	52.00
53.00	05300	ANESTHESIOLOGY	0.193705	1,415,237	274,138	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.344497	1,636,708	563,841	54.00
54.01	03630	ULTRA SOUND	0.154756	245,498	37,992	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.136321	234,040	31,905	54.02
54.06	05404	PET SCAN	0.143732	0	0	54.06
57.00	05700	CT SCAN	0.052401	4,990,128	261,488	57.00
58.00	05800	MRI	0.073949	440,113	32,546	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.210169	226,773	47,661	59.00
60.00	06000	LABORATORY	0.205352	4,658,305	956,592	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.635686	1,208,253	768,070	65.00
66.00	06600	PHYSICAL THERAPY	0.553740	1,233,133	682,835	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.177503	584,775	103,799	67.00
69.00	06900	ELECTROCARDIOLOGY	0.149472	1,449,755	216,698	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.138965	10,807	1,502	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.863736	2,838,841	2,452,009	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.365075	2,828,789	1,032,720	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201792	8,870,305	1,789,957	73.00
74.00	07400	RENAL DIALYSIS	1.094817	37,620	41,187	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000	0	0	76.00
76.01	03650	VASCULAR LAB	0.168095	157,211	26,426	76.01
76.02	03952	TELEMEDICINE	0.782885	277	217	76.02
76.03	03950	WOUND CARE	0.266987	14,585	3,894	76.03
76.97	07697	CARDIAC REHABILITATION	0.399004	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.004986	650	653	90.00
91.00	09100	EMERGENCY	0.200850	3,518,950	706,781	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.518502	496,930	257,659	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		43,575,618	11,918,810	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)		43,575,618		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0032	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/25/2020 8:32 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		3,785,972	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		10,404,357	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		112,597	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		250,034	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		128.65	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.08	30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.34	31.00
32.00	Sum of lines 30 and 31		18.42	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.72	33.00
34.00	Disproportionate share adjustment (see instructions)		167,447	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0032	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/25/2020 8:32 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		8,272,872,447	8,350,599,096	35.00
35.01	Factor 3 (see instructions)		0.000149319	0.000162868	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,235,294	1,360,044	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		311,362	1,018,175	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,329,537		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 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 and 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)		16,049,944		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		18,547,802		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			18,547,802	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,161,026	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			19,708,828	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			19,708,828	61.00
62.00	Deductibles billed to program beneficiaries			1,849,056	62.00
63.00	Coinsurance billed to program beneficiaries			39,369	63.00
64.00	Allowable bad debts (see instructions)			572,074	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			371,848	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			485,896	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			18,192,251	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			100,933	70.93
70.94	HRR adjustment amount (see instructions)			-89,591	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0032	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/25/2020 8:32 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		18,203,593	71.00	
71.01	Sequestration adjustment (see instructions)		304,000	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
71.03	Sequestration adjustment-PARHM pass-throughs			71.03	
72.00	Interim payments		17,944,002	72.00	
72.01	Interim payments-PARHM			72.01	
73.00	Tentative settlement (for contractor use only)		0	73.00	
73.01	Tentative settlement-PARHM (for contractor use only)			73.01	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-44,409	74.00	
74.01	Balance due provider/program-PARHM (see instructions)			74.01	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		904,031	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/25/2020 8:32 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,785,972	3,785,972		3,785,972	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,404,357		10,404,357	10,404,357	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	112,597	112,597		112,597	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	250,034		250,034	250,034	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0472	0.0472	0.0472		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	167,447	44,675	122,772	167,447	11.00
11.01	Uncompensated care payments	36.00	1,329,537	311,362	1,018,175	1,329,537	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	16,049,944	4,254,606	11,795,338	16,049,944	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	18,547,802	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	18,547,802	0	18,547,802	18,547,802	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,161,026	314,769	846,257	1,161,026	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			314,769	19,394,059	19,708,828	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/25/2020 8:32 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,130,849	305,896	824,953	1,130,849	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	30,177	8,873	21,304	30,177	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,161,026	314,769	846,257	1,161,026	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	100,933	22,653	78,280	100,933	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	-89,591	-20,922	-68,669	-89,591	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: 14-0032	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/25/2020 8:32 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		23,576	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		19,969,845	2.00
3.00	OPPS payments		15,793,128	3.00
4.00	Outlier payment (see instructions)		12,541	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)		23,576	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		116,834	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)		116,834	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)		116,834	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		93,258	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)		23,576	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)		15,805,669	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,077,126	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)		12,752,119	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)		12,752,119	30.00
31.00	Primary payer payments		905	31.00
32.00	Subtotal (line 30 minus line 31)		12,751,214	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)		590,970	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		384,131	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		462,066	36.00
37.00	Subtotal (see instructions)		13,135,345	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-50	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		13,135,395	40.00
40.01	Sequestration adjustment (see instructions)		219,361	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		12,617,546	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)		298,488	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: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
11/25/2020 8:32 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		17,771,086		12,516,614	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	06/30/2020	122,594	06/30/2020	77,219	3.01
3.02		02/24/2020	50,322	02/24/2020	23,713	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)		172,916		100,932	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)		17,944,002		12,617,546	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		298,488	6.01
6.02	SETTLEMENT TO PROGRAM		44,409		0	6.02
7.00	Total Medicare program liability (see instructions)		17,899,593		12,916,034	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: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part II
Date/Time Prepared:
11/25/2020 8:32 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

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

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020

Worksheet G

Date/Time Prepared:
11/25/2020 8:32 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	7,981,544	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	57,937,888	0	0	0	4.00
5.00 Other receivable	194,573	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-39,402,338	0	0	0	6.00
7.00 Inventory	4,942,357	0	0	0	7.00
8.00 Prepaid expenses	396,534	0	0	0	8.00
9.00 Other current assets	-4,886	0	0	0	9.00
10.00 Due from other funds	7,594,342	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	39,640,014	0	0	0	11.00
FIXED ASSETS					
12.00 Land	2,699,574	0	0	0	12.00
13.00 Land improvements	3,381,484	0	0	0	13.00
14.00 Accumulated depreciation	-2,503,763	0	0	0	14.00
15.00 Buildings	108,251,181	0	0	0	15.00
16.00 Accumulated depreciation	-50,721,344	0	0	0	16.00
17.00 Leasehold improvements	576,265	0	0	0	17.00
18.00 Accumulated depreciation	-117,066	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	85,536,084	0	0	0	23.00
24.00 Accumulated depreciation	-70,444,278	0	0	0	24.00
25.00 Minor equipment depreciable	0	0	0	0	25.00
26.00 Accumulated depreciation	0	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	10,213,816	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	86,871,953	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	369,112,951	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	150,000	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	369,262,951	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	495,774,918	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	3,105,998	0	0	0	37.00
38.00 Salaries, wages, and fees payable	7,803,656	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	1,154,025	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	3,857,809	0	0	0	43.00
44.00 Other current liabilities	42,475,231	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	58,396,719	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	1,688,430	0	0	0	46.00
47.00 Notes payable	8,117,677	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	22,813,301	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	32,619,408	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	91,016,127	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	404,758,791	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)	404,758,791	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	495,774,918	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-1

Date/Time Prepared:
11/25/2020 8:32 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		408,849,197		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		1,111,607				2.00
3.00	Total (sum of line 1 and line 2)		409,960,804		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		409,960,804		0		11.00
12.00	CHANGE IN NET ASSETS	5,202,013		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		5,202,013		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		404,758,791		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	CHANGE IN NET ASSETS		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
11/25/2020 8:32 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	14,296,371		14,296,371	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	14,296,371		14,296,371	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,062,136		3,062,136	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	3,062,136		3,062,136	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	17,358,507		17,358,507	17.00
18.00	Ancillary services	72,465,758	238,722,260	311,188,018	18.00
19.00	Outpatient services	6,410,427	26,291,760	32,702,187	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		13,116,953	13,116,953	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	12,729,237	12,729,237	26.00
27.00	PROFESSIONAL SERVICES	853,578	4,718,051	5,571,629	27.00
27.01	OTHER NRCC	0	5,722,020	5,722,020	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	97,088,270	301,300,281	398,388,551	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		139,397,326		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		139,397,326		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0032

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-3

Date/Time Prepared:
11/25/2020 8:32 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	398,388,551	1.00
2.00	Less contractual allowances and discounts on patients' accounts	264,590,828	2.00
3.00	Net patient revenues (line 1 minus line 2)	133,797,723	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	139,397,326	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-5,599,603	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-4,193,967	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	4,315,800	24.00
24.50	COVID-19 PHE Funding	9,137,700	24.50
25.00	Total other income (sum of lines 6-24)	9,259,533	25.00
26.00	Total (line 5 plus line 25)	3,659,930	26.00
27.00	OTHER NON OPERATING	2,548,323	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	2,548,323	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	1,111,607	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0032

Period:

Worksheet H

HHA CCN: 14-7661

From 07/01/2019

Date/Time Prepared:

To 06/30/2020

11/25/2020 8:32 pm

Home Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00 Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00 Capital Related - Movable Equipment			0		0	0	2.00
3.00 Plant Operation & Maintenance	0	0	0	0	453,408	453,408	3.00
4.00 Transportation	0	0	0	0	0	0	4.00
5.00 Administrative and General	647,011	0	18,778	765	803,108	1,469,662	5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	4,489,488	0	130,307	0	0	4,619,795	6.00
7.00 Physical Therapy	1,382,434	0	40,132	108,051	0	1,530,617	7.00
8.00 Occupational Therapy	439,589	0	12,761	0	0	452,350	8.00
9.00 Speech Pathology	105,020	0	3,041	0	0	108,061	9.00
10.00 Medical Social Services	62,402	0	1,808	0	0	64,210	10.00
11.00 Home Health Aide	201,211	0	5,849	0	0	207,060	11.00
12.00 Supplies (see instructions)	0	0	0	0	577,689	577,689	12.00
13.00 Drugs	0	0	0	0	0	0	13.00
14.00 DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00 Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00 Respiratory Therapy	0	0	0	0	0	0	16.00
17.00 Private Duty Nursing	0	0	0	0	0	0	17.00
18.00 Clinic	0	0	0	0	0	0	18.00
19.00 Health Promotion Activities	0	0	0	0	0	0	19.00
20.00 Day Care Program	0	0	0	0	0	0	20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00 Homemaker Service	0	0	0	0	0	0	22.00
23.00 All Others (specify)	0	0	0	0	0	0	23.00
23.50 Telemedicine	0	0	0	0	0	0	23.50
24.00 Total (sum of lines 1-23)	7,327,155	0	212,676	108,816	1,834,205	9,482,852	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	453,408	0	453,408			3.00
4.00 Transportation	0	0	0	0			4.00
5.00 Administrative and General	967	1,470,629	-1,200	1,469,429			5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	0	4,619,795	0	4,619,795			6.00
7.00 Physical Therapy	0	1,530,617	0	1,530,617			7.00
8.00 Occupational Therapy	0	452,350	0	452,350			8.00
9.00 Speech Pathology	0	108,061	0	108,061			9.00
10.00 Medical Social Services	0	64,210	0	64,210			10.00
11.00 Home Health Aide	0	207,060	0	207,060			11.00
12.00 Supplies (see instructions)	-561,278	16,411	0	16,411			12.00
13.00 Drugs	0	0	0	0			13.00
14.00 DME	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00 Home Dialysis Aide Services	0	0	0	0			15.00
16.00 Respiratory Therapy	0	0	0	0			16.00
17.00 Private Duty Nursing	0	0	0	0			17.00
18.00 Clinic	0	0	0	0			18.00
19.00 Health Promotion Activities	0	0	0	0			19.00
20.00 Day Care Program	0	0	0	0			20.00
21.00 Home Delivered Meals Program	0	0	0	0			21.00
22.00 Homemaker Service	0	0	0	0			22.00
23.00 All Others (specify)	0	0	0	0			23.00
23.50 Telemedicine	0	0	0	0			23.50
24.00 Total (sum of lines 1-23)	-560,311	8,922,541	-1,200	8,921,341			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: 14-0032

Period:

Worksheet H-1

HHA CCN: 14-7661

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/25/2020 8:32 pmHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportatio n			
			Bldgs & Fixtures	Movable Equipment			Subtotal (cols. 0-4)		
									0
	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	453,408	0	0	453,408		0	3.00	
4.00	Transportation	0	0	0	0	0		4.00	
5.00	Administrative and General	1,469,429	0	0	453,408	0	1,922,837	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	4,619,795	0	0	0	0	4,619,795	6.00	
7.00	Physical Therapy	1,530,617	0	0	0	0	1,530,617	7.00	
8.00	Occupational Therapy	452,350	0	0	0	0	452,350	8.00	
9.00	Speech Pathology	108,061	0	0	0	0	108,061	9.00	
10.00	Medical Social Services	64,210	0	0	0	0	64,210	10.00	
11.00	Home Health Aide	207,060	0	0	0	0	207,060	11.00	
12.00	Supplies (see instructions)	16,411	0	0	0	0	16,411	12.00	
13.00	Drugs	0	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	8,921,341	0	0	453,408	0	8,921,341	24.00	
		Administrative & General	Total (cols. 4A + 5)						
		5.00	6.00						
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures							1.00	
2.00	Capital Related - Movable Equipment							2.00	
3.00	Plant Operation & Maintenance							3.00	
4.00	Transportation							4.00	
5.00	Administrative and General	1,922,837						5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,269,286	5,889,081					6.00	
7.00	Physical Therapy	420,537	1,951,154					7.00	
8.00	Occupational Therapy	124,283	576,633					8.00	
9.00	Speech Pathology	29,690	137,751					9.00	
10.00	Medical Social Services	17,642	81,852					10.00	
11.00	Home Health Aide	56,890	263,950					11.00	
12.00	Supplies (see instructions)	4,509	20,920					12.00	
13.00	Drugs	0	0					13.00	
14.00	DME	0	0					14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0					15.00	
16.00	Respiratory Therapy	0	0					16.00	
17.00	Private Duty Nursing	0	0					17.00	
18.00	Clinic	0	0					18.00	
19.00	Health Promotion Activities	0	0					19.00	
20.00	Day Care Program	0	0					20.00	
21.00	Home Delivered Meals Program	0	0					21.00	
22.00	Homemaker Service	0	0					22.00	
23.00	All Others (specify)	0	0					23.00	
23.50	Telemedicine	0	0					23.50	
24.00	Total (sum of lines 1-23)		8,921,341					24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0032

Period:

Worksheet H-1

HHA CCN: 14-7661

From 07/01/2019

Part II

To 06/30/2020

Date/Time Prepared:

11/25/2020 8:32 pm

Home Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportatio n (MILEAGE)	Reconciliatio n	Administrativ e & 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	4,902			0		1.00
2.00	Capital Related - Movable Equipment		13,625		0		2.00
3.00	Plant Operation & Maintenance	0	0	4,902	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	4,902	13,625	4,902	0	-1,922,837	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	4,619,795	6.00
7.00	Physical Therapy	0	0	0	0	1,530,617	7.00
8.00	Occupational Therapy	0	0	0	0	452,350	8.00
9.00	Speech Pathology	0	0	0	0	108,061	9.00
10.00	Medical Social Services	0	0	0	0	64,210	10.00
11.00	Home Health Aide	0	0	0	0	207,060	11.00
12.00	Supplies (see instructions)	0	0	0	0	16,411	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,902	13,625	4,902	0	-1,922,837	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	453,408	0	1,922,837	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	92.494492	0.000000	0.274750	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0032

Period:

Worksheet H-2

HHA CCN: 14-7661

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/25/2020 8:32 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIV E & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	47,955	18,108	244,040	310,103	103,799	1.00
2.00	Skilled Nursing Care	5,889,081	0	0	1,688,795	7,577,876	2,536,487	2.00
3.00	Physical Therapy	1,951,154	0	0	520,025	2,471,179	827,160	3.00
4.00	Occupational Therapy	576,633	0	0	165,358	741,991	248,361	4.00
5.00	Speech Pathology	137,751	0	0	39,505	177,256	59,332	5.00
6.00	Medical Social Services	81,852	0	0	23,474	105,326	35,255	6.00
7.00	Home Health Aide	263,950	0	0	75,689	339,639	113,685	7.00
8.00	Supplies (see instructions)	20,920	0	0	0	20,920	7,002	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)	8,921,341	47,955	18,108	2,756,886	11,744,290	3,931,081	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	5,979	132,784	0	37,790	0	272,694	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)	5,979	132,784	0	37,790	0	272,694	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: 14-0032

Period:

Worksheet H-2

HHA CCN: 14-7661

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/25/2020 8:32 pmHome Health
Agency I

PPS

Cost Center Description		NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
		13.00	14.00	15.00	16.00	17.00	24.00	
1.00	Administrative and General	0	25,736	513	0	0	889,398	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	10,114,363	2.00
3.00	Physical Therapy	0	0	0	0	0	3,298,339	3.00
4.00	Occupational Therapy	0	0	0	0	0	990,352	4.00
5.00	Speech Pathology	0	0	0	0	0	236,588	5.00
6.00	Medical Social Services	0	0	0	0	0	140,581	6.00
7.00	Home Health Aide	0	0	0	0	0	453,324	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	27,922	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	25,736	513	0	0	16,150,867	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		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
		25.00	26.00	27.00	28.00			
1.00	Administrative and General	0	889,398					1.00
2.00	Skilled Nursing Care	0	10,114,363	589,440	10,703,803			2.00
3.00	Physical Therapy	0	3,298,339	192,217	3,490,556			3.00
4.00	Occupational Therapy	0	990,352	57,715	1,048,067			4.00
5.00	Speech Pathology	0	236,588	13,788	250,376			5.00
6.00	Medical Social Services	0	140,581	8,193	148,774			6.00
7.00	Home Health Aide	0	453,324	26,418	479,742			7.00
8.00	Supplies (see instructions)	0	27,922	1,627	29,549			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19) (2)	0	16,150,867	889,398	16,150,867			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.			0.058277				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: 14-0032

Period:

Worksheet H-2

HHA CCN: 14-7661

From 07/01/2019

Part II

To 06/30/2020

Date/Time Prepared:

11/25/2020 8:32 pm

Home Health

PPS

Agency I

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (HOURS OF SERVICE)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5A	5.00	6.00	
1.00	Administrative and General	4,902	13,625	648,755	0	310,103	211	1.00
2.00	Skilled Nursing Care	0	0	4,489,488	0	7,577,876	0	2.00
3.00	Physical Therapy	0	0	1,382,434	0	2,471,179	0	3.00
4.00	Occupational Therapy	0	0	439,589	0	741,991	0	4.00
5.00	Speech Pathology	0	0	105,020	0	177,256	0	5.00
6.00	Medical Social Services	0	0	62,402	0	105,326	0	6.00
7.00	Home Health Aide	0	0	201,211	0	339,639	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	20,920	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)	4,902	13,625	7,328,899		11,744,290	211	20.00
21.00	Total cost to be allocated	47,955	18,108	2,756,886		3,931,081	5,979	21.00
22.00	Unit cost multiplier	9.782742	1.329028	0.376166		0.334723	28.336493	22.00
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	4,902	0	4,902	0	11,756	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)	4,902	0	4,902	0	11,756	0	20.00
21.00	Total cost to be allocated	132,784	0	37,790	0	272,694	0	21.00
22.00	Unit cost multiplier	27.087719	0.000000	7.709098	0.000000	23.196155	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0032

Period:

Worksheet H-2

HHA CCN: 14-7661

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/25/2020 8:32 pmHome Health
Agency I

PPS

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)			
		14.00	15.00	16.00	17.00			
1.00	Administrative and General	561,286	769	0	0			1.00
2.00	Skilled Nursing Care	0	0	0	0			2.00
3.00	Physical Therapy	0	0	0	0			3.00
4.00	Occupational Therapy	0	0	0	0			4.00
5.00	Speech Pathology	0	0	0	0			5.00
6.00	Medical Social Services	0	0	0	0			6.00
7.00	Home Health Aide	0	0	0	0			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19)	561,286	769	0	0			20.00
21.00	Total cost to be allocated	25,736	513	0	0			21.00
22.00	Unit cost multiplier	0.045852	0.667100	0.000000	0.000000			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

 Provider CCN: 14-0032
 HHA CCN: 14-7661

 Period:
 From 07/01/2019
 To 06/30/2020

 Worksheet H-3
 Part I
 Date/Time Prepared:
 11/25/2020 8:32 pm

				Title XVIII		Home Health Agency I	11/25/2020 8:32 pm 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	10,703,803		10,703,803	54,002	198.21	1.00
2.00	Physical Therapy	3.00	3,490,556	0	3,490,556	12,979	268.94	2.00
3.00	Occupational Therapy	4.00	1,048,067	0	1,048,067	3,417	306.72	3.00
4.00	Speech Pathology	5.00	250,376	0	250,376	1,246	200.94	4.00
5.00	Medical Social Services	6.00	148,774		148,774	447	332.83	5.00
6.00	Home Health Aide	7.00	479,742		479,742	5,367	89.39	6.00
7.00	Total (sum of lines 1-6)		16,121,318	0	16,121,318	77,458		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Program Visits				
				Part A	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		16060	0	12			8.00
8.01	Skilled Nursing Care		41180	0	9,254			8.01
8.02	Skilled Nursing Care		99914	0	12,318			8.02
9.00	Physical Therapy		16060	0	8			9.00
9.01	Physical Therapy		41180	0	3,970			9.01
9.02	Physical Therapy		99914	0	5,716			9.02
10.00	Occupational Therapy		16060	0	1			10.00
10.01	Occupational Therapy		41180	0	1,110			10.01
10.02	Occupational Therapy		99914	0	1,385			10.02
11.00	Speech Pathology		16060	0	0			11.00
11.01	Speech Pathology		41180	0	398			11.01
11.02	Speech Pathology		99914	0	171			11.02
12.00	Medical Social Services		16060	0	0			12.00
12.01	Medical Social Services		41180	0	68			12.01
12.02	Medical Social Services		99914	0	39			12.02
13.00	Home Health Aide		16060	0	0			13.00
13.01	Home Health Aide		41180	0	1,196			13.01
13.02	Home Health Aide		99914	0	2,486			13.02
14.00	Total (sum of lines 8-13)			0	38,132			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	29,549	0	29,549	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Cost Center Description		Program Visits			Cost of Services			
		Part A	Part B			Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance	
								6.00
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	21,584		0	4,278,165		1.00
2.00	Physical Therapy	0	9,694		0	2,607,104		2.00
3.00	Occupational Therapy	0	2,496		0	765,573		3.00
4.00	Speech Pathology	0	569		0	114,335		4.00
5.00	Medical Social Services	0	107		0	35,613		5.00
6.00	Home Health Aide	0	3,682		0	329,134		6.00
7.00	Total (sum of lines 1-6)	0	38,132		0	8,129,924		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0032

Period:

Worksheet H-3

HHA CCN: 14-7661

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/25/2020 8:32 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description						Agency 1			
		6.00	7.00	8.00	9.00	10.00	11.00		
8.00	Limitation Cost Computation								8.00
8.01	Skilled Nursing Care							8.01	
8.02	Skilled Nursing Care							8.02	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
9.02	Physical Therapy							9.02	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
10.02	Occupational Therapy							10.02	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
11.02	Speech Pathology							11.02	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
12.02	Medical Social Services							12.02	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
13.02	Home Health Aide							13.02	
14.00	Total (sum of lines 8-13)							14.00	
Cost Center Description		Program Covered Charges			Cost of Services				
		Part A	Part B		Part A	Part B		Subject to Deductibles & Coinsurance	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not 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	0	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	4,278,165						1.00	
2.00	Physical Therapy	2,607,104						2.00	
3.00	Occupational Therapy	765,573						3.00	
4.00	Speech Pathology	114,335						4.00	
5.00	Medical Social Services	35,613						5.00	
6.00	Home Health Aide	329,134						6.00	
7.00	Total (sum of lines 1-6)	8,129,924						7.00	
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
8.01	Skilled Nursing Care							8.01	
8.02	Skilled Nursing Care							8.02	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
9.02	Physical Therapy							9.02	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
10.02	Occupational Therapy							10.02	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
11.02	Speech Pathology							11.02	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
12.02	Medical Social Services							12.02	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
13.02	Home Health Aide							13.02	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0032

Period:

Worksheet H-3

HHA CCN: 14-7661

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/25/2020 8:32 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.553740	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.177503	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology							3.00
4.00 Cost of Medical Supplies	71.00	0.863736	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.201792	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0032 HHA CCN: 14-7661	Period: From 07/01/2019 To 06/30/2020	Worksheet H-4 Part I-II Date/Time Prepared: 11/25/2020 8:32 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	8,268,812	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	8,268,812	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	8,268,812	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	2,152	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)	0	-2,152	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	4,918,181	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	946,590	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	113,227	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	44,474	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	254,355	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	2,555	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	6,277,230	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	6,277,230	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	6,277,230	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	6,277,230	29.00
30.00	ADJUSTMENT	0	3,372	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	6,280,602	31.00
31.01	Sequestration adjustment (see instructions)	0	103,457	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
32.00	Interim payments (see instructions)	0	6,177,145	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: 14-0032
HHA CCN: 14-7661Period:
From 07/01/2019
To 06/30/2020

Worksheet H-5

Date/Time Prepared:
11/25/2020 8:32 pm

				Home Health Agency I		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		6,177,145	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) Program to Provider					3.00
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		6,177,145	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) Program to Provider					5.00
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		6,177,145	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0032

Period:

Worksheet 0

Hospice CCN: 14-1658

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/25/2020 8:32 pm

				Hospice I		11/20/2025 0:02 PM	
		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*		13,602	13,602	0	13,602	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		269,384	269,384	0	269,384	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	194,842	130,615	325,457	2,450	327,907	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	42,885	42,885	0	42,885	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	21	21	0	21	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	30	30	-30	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0	13.00
14.00	PHARMACY*	0	388,160	388,160	-388,160	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		597,544	597,544	0	597,544	25.00
26.00	PHYSICIAN SERVICES**	0	75,251	75,251	0	75,251	26.00
27.00	NURSE PRACTITIONER**	29,017	162	29,179	0	29,179	27.00
28.00	REGISTERED NURSE**	1,364,126	7,603	1,371,729	0	1,371,729	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**	111,448	622	112,070	0	112,070	33.00
34.00	SPIRITUAL COUNSELING**	48,642	271	48,913	0	48,913	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**	74,101	414	74,515	0	74,515	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	429	429	0	429	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	118,571	118,571	-118,571	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)**	6,919	38	6,957	0	6,957	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	1,829,095	1,645,602	3,474,697	-504,311	2,970,386	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: 14-0032

Period:

Worksheet 0

Hospice CCN: 14-1658

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/25/2020 8:32 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I	
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT*	0	13,602		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	269,384		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0		3.00
4.00	ADMINISTRATIVE & GENERAL*	21	327,928		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	42,885		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		6.00
7.00	HOUSEKEEPING*	0	0		7.00
8.00	DIETARY*	-21	0		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	0		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0		13.00
14.00	PHARMACY*	0	0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED**	0	597,544		25.00
26.00	PHYSICIAN SERVICES**	0	75,251		26.00
27.00	NURSE PRACTITIONER**	0	29,179		27.00
28.00	REGISTERED NURSE**	0	1,371,729		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	112,070		33.00
34.00	SPIRITUAL COUNSELING**	0	48,913		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	74,515		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	429		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	6,957		46.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM *	0	0		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	0	2,970,386		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: 14-0032

Period:

Worksheet 0-2

Hospice CCN: 14-1658

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/25/2020 8:32 pm

				Hospice I		11/20/2025 0:02 pm	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	73,769	73,769	0	73,769	26.00
27.00	NURSE PRACTITIONER	28,446	159	28,605	0	28,605	27.00
28.00	REGISTERED NURSE	1,337,258	7,454	1,344,712	0	1,344,712	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	109,253	609	109,862	0	109,862	33.00
34.00	SPIRITUAL COUNSELING	47,684	266	47,950	0	47,950	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	72,642	405	73,047	0	73,047	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	429	429	0	429	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	116,236	116,236	-116,236	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)	6,782	38	6,820	0	6,820	46.00
100.00	TOTAL *	1,602,065	199,365	1,801,430	-116,236	1,685,194	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	73,769	26.00
27.00	NURSE PRACTITIONER	0	28,605	27.00
28.00	REGISTERED NURSE	0	1,344,712	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	109,862	33.00
34.00	SPIRITUAL COUNSELING	0	47,950	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	73,047	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	429	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	6,820	46.00
100.00	TOTAL *	0	1,685,194	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: 14-0032

Period:

Worksheet 0-3

Hospice CCN: 14-1658

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/25/2020 8:32 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		33,612	33,612	0	33,612	25.00
26.00	PHYSICIAN SERVICES	0	83	83	0	83	26.00
27.00	NURSE PRACTITIONER	32	0	32	0	32	27.00
28.00	REGISTERED NURSE	1,511	8	1,519	0	1,519	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	123	1	124	0	124	33.00
34.00	SPIRITUAL COUNSELING	54	0	54	0	54	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	82	1	83	0	83	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	131	131	-131	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)	8	0	8	0	8	46.00
100.00	TOTAL *	1,810	33,836	35,646	-131	35,515	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	33,612	25.00
26.00	PHYSICIAN SERVICES	0	83	26.00
27.00	NURSE PRACTITIONER	0	32	27.00
28.00	REGISTERED NURSE	0	1,519	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	124	33.00
34.00	SPIRITUAL COUNSELING	0	54	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	83	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	8	46.00
100.00	TOTAL *	0	35,515	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: 14-0032

Period:

Worksheet 0-4

Hospice CCN: 14-1658

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/25/2020 8:32 pm

						Hospice I		11/20/2025 0:02 pm	
		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		563,932	563,932	0	563,932	25.00		
26.00	PHYSICIAN SERVICES	0	1,399	1,399	0	1,399	26.00		
27.00	NURSE PRACTITIONER	539	3	542	0	542	27.00		
28.00	REGISTERED NURSE	25,357	141	25,498	0	25,498	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	2,072	12	2,084	0	2,084	33.00		
34.00	SPIRITUAL COUNSELING	904	5	909	0	909	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	1,377	8	1,385	0	1,385	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	2,204	2,204	-2,204	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)	129	0	129	0	129	46.00		
100.00	TOTAL *	30,378	567,704	598,082	-2,204	595,878	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	563,932	25.00
26.00	PHYSICIAN SERVICES	0	1,399	26.00
27.00	NURSE PRACTITIONER	0	542	27.00
28.00	REGISTERED NURSE	0	25,498	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	2,084	33.00
34.00	SPIRITUAL COUNSELING	0	909	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	1,385	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	129	46.00
100.00	TOTAL *	0	595,878	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: 14-0032

Period:

Worksheet 0-5

Hospice CCN: 14-1658

From 07/01/2019

To 06/30/2020

Date/Time Prepared:
11/25/2020 8:32 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	13,602	0	13,602	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	269,384	3,798	273,182	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	688,963	688,963	3.00
4.00	ADMINISTRATIVE & GENERAL	327,928	1,289,155	1,617,083	4.00
5.00	PLANT OPERATION & MAINTENANCE	42,885	0	42,885	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	5,438	5,438	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	0	258,953	258,953	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	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,685,194	0	1,685,194	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	35,515	0	35,515	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	595,878	0	595,878	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	0	0	0	99.00
100.00	TOTAL	2,970,386	2,246,307	5,216,693	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/25/2020 8:32 pm

						Hospice I			
Descriptions		TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL			
		0	1.00	2.00	3.00	3A			
GENERAL SERVICE COST CENTERS									
1.00	CAP REL COSTS-BLDG & FIXT	13,602	13,602					1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	273,182		273,182				2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT	688,963	0	0	688,963			3.00	
4.00	ADMINISTRATIVE & GENERAL	1,617,083	13,602	273,182	73,391	1,977,258		4.00	
5.00	PLANT OPERATION & MAINTENANCE	42,885	0	0	0	42,885		5.00	
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0		6.00	
7.00	HOUSEKEEPING	0	0	0	0	0		7.00	
8.00	DIETARY	0	0	0	0	0		8.00	
9.00	NURSING ADMINISTRATION	0	0	0	0	0		9.00	
10.00	ROUTINE MEDICAL SUPPLIES	5,438	0	0	0	5,438		10.00	
11.00	MEDICAL RECORDS	0	0	0	0	0		11.00	
12.00	STAFF TRANSPORTATION	0	0	0	0	0		12.00	
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0		13.00	
14.00	PHARMACY	258,953	0	0	0	258,953		14.00	
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0		15.00	
16.00	OTHER GENERAL SERVICE	0	0	0	0	0		16.00	
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0		17.00	
LEVEL OF CARE									
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0		50.00	
51.00	HOSPICE ROUTINE HOME CARE	1,685,194			603,448	2,288,642		51.00	
52.00	HOSPICE INPATIENT RESPITE CARE	35,515	0	0	682	36,197		52.00	
53.00	HOSPICE GENERAL INPATIENT CARE	595,878	0	0	11,442	607,320		53.00	
NONREIMBURSABLE COST CENTERS									
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0		60.00	
61.00	VOLUNTEER PROGRAM	0	0	0	0	0		61.00	
62.00	FUNDRAISING	0	0	0	0	0		62.00	
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0		63.00	
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0		64.00	
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0		65.00	
66.00	RESIDENTIAL CARE	0	0	0	0	0		66.00	
67.00	ADVERTISING	0	0	0	0	0		67.00	
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0		68.00	
69.00	THRIFT STORE	0	0	0	0	0		69.00	
70.00	NURSING FACILITY ROOM & BOARD	0				0		70.00	
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0		71.00	
99.00	NEGATIVE COST CENTER	0	0	0	0	0		99.00	
100.00	TOTAL	5,216,693	13,602	273,182	688,963	5,216,693		100.00	

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/25/2020 8:32 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	1,977,258						4.00
5.00	PLANT OPERATION & MAINTENANCE	26,176	69,061					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	0	0			0		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	3,319	0			0		10.00
11.00	MEDICAL RECORDS	0	0			0		11.00
12.00	STAFF TRANSPORTATION	0	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0			0		13.00
14.00	PHARMACY	158,057	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	1,396,921						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	22,094	7,153		0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	370,691	61,908		0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	1,977,258	69,061		0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/25/2020 8:32 pm

Descriptions		Hospice I					
		NURSING ADMINISTRATIO N	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATIO N	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	8,757				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	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						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	8,584	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	10	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	163	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						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	8,757	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/25/2020 8:32 pm

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	417,010					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	408,797	0	0		4,102,944	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	462	0	0	0	65,916	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	7,751	0	0	0	1,047,833	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	417,010	0	0	0	5,216,693	100.00

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

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/25/2020 8:32 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATIO N	ADMINISTRATIV E & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	912					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		2,858				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,829,095			3.00
4.00	ADMINISTRATIVE & GENERAL	912	2,858	194,842	-1,977,258	3,239,435	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	42,885	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	5,438	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	258,953	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			1,602,064	0	2,288,642	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	1,811	0	36,197	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	30,378	0	607,320	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	13,602	273,182	688,963		1,977,258	100.00
101.00	UNIT COST MULTIPLIER	14.914474	95.585024	0.376669		0.610371	101.00

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

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/25/2020 8:32 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATIO N (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	280					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	29	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	251	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	69,061	0	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	246.646429	0.000000	0.000000	0.000000	0.000000	101.00

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

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/25/2020 8:32 pm

Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)		MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL							4.00
5.00	PLANT OPERATION & MAINTENANCE							5.00
6.00	LAUNDRY & LINEN SERVICE							6.00
7.00	HOUSEKEEPING							7.00
8.00	DIETARY							8.00
9.00	NURSING ADMINISTRATION							9.00
10.00	ROUTINE MEDICAL SUPPLIES	24,370						10.00
11.00	MEDICAL RECORDS		0					11.00
12.00	STAFF TRANSPORTATION			0				12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	0		13.00
14.00	PHARMACY				0	0	388,160	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES				0	0	0	15.00
16.00	OTHER GENERAL SERVICE				0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES							17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	23,890	0	0	0	0	380,515	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	27	0	0	0	0	430	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	453	0	0	0	0	7,215	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							99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	8,757	0	0	0	0	417,010	100.00
101.00	UNIT COST MULTIPLIER	0.359335	0.000000	0.000000	0.000000	0.000000	1.074325	101.00

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

Provider CCN: 14-0032

Period:

Worksheet 0-6

Hospice CCN: 14-1658

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/25/2020 8:32 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	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	0	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000		101.00

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

Provider CCN: 14-0032

Period:

Worksheet 0-7

Hospice CCN: 14-1658

From 07/01/2019
To 06/30/2020

Date/Time Prepared:
11/25/2020 8:32 pm

				Hospice I			
Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
		0	1.00	2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.553740	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.177503	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00					3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.201792	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.204361	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0.863736	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	BACTERIOLOGY & MICROBIOLOGY	76.00	0.000000	0	0	0	10.00
10.01	VASCULAR LAB	76.01	0.168095	0	0	0	10.01
10.02	TELEMEDICINE	76.02	0.782885	0	0	0	10.02
10.03	WOUND CARE	76.03	0.266070	0	0	0	10.03
10.97	CARDIAC REHABILITATION	76.97	0.399004	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						3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	10.00
10.01	VASCULAR LAB	0	0	0	0	0	10.01
10.02	TELEMEDICINE	0	0	0	0	0	10.02
10.03	WOUND CARE	0	0	0	0	0	10.03
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: 14-0032

Period:

Worksheet 0-8

Hospice CCN: 14-1658

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/25/2020 8:32 pm

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			4,102,944	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			23,890	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			171.74	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	22,775	403		9.00
10.00	Program cost (line 8 times line 9)	3,911,379	69,211		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)			65,916	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			27	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			2,441.33	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	18	0		14.00
15.00	Program cost (line 13 times line 14)	43,944	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			1,047,833	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			453	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			2,313.10	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	385	5		19.00
20.00	Program cost (line 18 times line 19)	890,544	11,566		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			5,216,693	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			24,370	22.00
23.00	Average cost per diem (line 21 divided by line 22)			214.06	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0032	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 11/25/2020 8:32 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,130,849	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		30,177	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)		34.46	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		1,161,026	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