

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0053	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 11/29/2020 8:20 pm
--	-----------------------	---	---

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 11/29/2020	Time: 8:20 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. JOHN'S HOSPITAL (14-0053) 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	-850,167	-220,997	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
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	-850,167	-220,997	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: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
11/29/2020 8:20 pm

1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 800 EAST CARPENTER			PO Box:						1.00	
2.00	City: SPRINGFIELD			State: IL		Zip Code: 62769		County: SANGAMON		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ST. JOHN'S HOSPITAL	140053	44100	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTG										11.00
12.00	Hospital-Based HHA		ST. JOHN'S HOME HEALTH AGENCY	147222	44100		01/01/1983	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		ST. JOHN'S HOSPITAL HOSPICE PROGRAM	141503	44100		05/24/1984				14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						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)					N	N		N	22.03	
23.00	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.										
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N			23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			4,868	6,448	0	154	21,319	424	24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0053		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/29/2020 8:20 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		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	25.00		
							Urban/Rural S	Date of Geogr			
							1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.							1	26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.							1	27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							0	35.00		
							Beginning:	Ending:			
							1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.							0	37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00		
							Y/N	Y/N			
							1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)							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	40.00		
							V	XVIII	XIX		
							1.00	2.00	3.00		
<u>Prospective Payment System (PPS)-Capital</u>											
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)							N	Y	N	45.00
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	46.00
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	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.							N	N	N	48.00
<u>Teaching Hospitals</u>											
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.							Y	Y		56.00
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			57.00
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			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.							N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #		Pass-Through Qualification Criterion Code				
				1.00	2.00		3.00				
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.							Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)							20.00	1		60.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0053		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/29/2020 8:20 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	1		60.03	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
11/29/2020 8:20 pm

	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
65.01			0.00	0.00	0.000000	65.01
65.02			0.00	0.00	0.000000	65.02
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	39.97	0.000000	66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
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)	FAMILY MEDICINE 1350	0.00	1.32	0.000000	67.00
67.01		INTERNAL MEDICINE 1400	0.00	5.27	0.000000	67.01
67.02		PEDIATRICS 2000	0.00	19.75	0.000000	67.02
			1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		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)		N	N	0	71.00
75.00	Inpatient Rehabilitation Facility PPS 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0053	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/29/2020 8:20 pm	
			1.00	2.00	3.00
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.		Y		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0053		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/29/2020 8:20 pm	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 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.						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
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N					0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	877,388		367,777		6,598,684118.01	
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N				N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N					122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0053	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/29/2020 8:20 pm				
		1.00	2.00					
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	148005		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: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131	141.00			
142.00	Street: 4936 LAVERNA ROAD	PO Box:			142.00			
143.00	City: SPRINGFIELD	State: IL		Zip Code: 62794	143.00			
				1.00				
144.00	Are provider based physicians' costs included in Worksheet A?	Y			144.00			
				1.00	2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y			145.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00			
				1.00				
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00			
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00			
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	157.00		
158.00	SUBPROVIDER					158.00		
159.00	SNF	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		
161.00	CMHC		N	N	N	161.00		
				1.00				
Multicampus								
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N			165.00			
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
				1.00				
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00		
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99				169.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0053	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/29/2020 8:20 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: 14-0053	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/29/2020 8:20 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/15/2020	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
11/29/2020 8:20 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.	ROBIN	BARBER		41.00
42.00	Enter the employer/company name of the cost report preparer.	HSBS			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	217-544-6464	ROBIN.BARBER@HSBS.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0053	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/29/2020 8:20 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 OF ACCOUNTING		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: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/29/2020 8:20 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	292	106,975	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)		292	106,975	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	62	22,590	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 HIGH RISK NEONATAL	35.00	43	15,738	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		397	145,303	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						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)		397				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: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/29/2020 8:20 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)	26,729	3,305	74,180			1.00
2.00	HMO and other (see instructions)	11,429	29,799				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)	26,729	3,305	74,180			7.00
8.00	INTENSIVE CARE UNIT	9,465	554	12,438			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	HIGH RISK NEONATAL	0	641	14,240			12.00
13.00	NURSERY		144	3,050			13.00
14.00	Total (see instructions)	36,194	4,644	103,908	66.31	2,410.43	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	17,127	0	40,478	0.00	58.99	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	9.81	24.00
24.10	HOSPICE (non-distinct part)			660			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				66.31	2,479.23	27.00
28.00	Observation Bed Days		179	2,872			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			1,724			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	529	913			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: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/29/2020 8:20 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	6,281	1,219	19,124	1.00
2.00 HMO and other (see instructions)			1,947	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 HIGH RISK NEONATAL						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	6,281	1,219	19,124	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						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: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/29/2020 8:20 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	156,473,731	-3,741,963	152,731,768	5,154,702.39	29.63
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		411,852	0	411,852	2,091.00	196.96
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	7,041,527	0	7,041,527	267,893.51	26.28
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		5,732,611	0	5,732,611	162,089.69	35.37
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		10,207,045	344,769	10,551,814	276,203.50	38.20
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		7,983,236	0	7,983,236	109,702.96	72.77
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		1,970,340	0	1,970,340	15,522.60	126.93
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		28,787,828	0	28,787,828	925,120.53	31.12
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		51,760,225	0	51,760,225		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		3,560,943	0	3,560,943		
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		95,979	0	95,979		
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)		1,851,270	0	1,851,270		
25.50	Home office wage-related (core)		11,385,131	0	11,385,131		
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: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/29/2020 8:20 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	3,083,629	-1,919,033	1,164,596	29,692.82	39.22	26.00
27.00	Administrative & General	5.00	18,321,633	-3,474,135	14,847,498	426,718.39	34.79	27.00
28.00	Administrative & General under contract (see inst.)		3,781,048	0	3,781,048	64,287.72	58.81	28.00
29.00	Maintenance & Repairs	6.00	3,951,105	-16,908	3,934,197	102,334.20	38.44	29.00
30.00	Operation of Plant	7.00	2,423,058	-26,510	2,396,548	96,273.54	24.89	30.00
31.00	Laundry & Linen Service	8.00	1,311,723	-657,230	654,493	46,636.47	14.03	31.00
32.00	Housekeeping	9.00	2,317,200	91,656	2,408,856	191,605.94	12.57	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,825,901	-1,729,522	1,096,379	80,898.68	13.55	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,714,464	1,714,464	124,779.01	13.74	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,449,684	-51,459	3,398,225	76,202.91	44.59	38.00
39.00	Central Services and Supply	14.00	647,650	-2,145	645,505	40,326.60	16.01	39.00
40.00	Pharmacy	15.00	5,872,788	-383,707	5,489,081	127,309.74	43.12	40.00
41.00	Medical Records & Medical Records Library	16.00	-2,448	2,448	0	0.00	0.00	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: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
11/29/2020 8:20 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	147,480,641	-3,741,963	143,738,678	4,789,006.91	30.01	1.00
2.00	Excluded area salaries (see instructions)	10,207,045	344,769	10,551,814	276,203.50	38.20	2.00
3.00	Subtotal salaries (line 1 minus line 2)	137,273,596	-4,086,732	133,186,864	4,512,803.41	29.51	3.00
4.00	Subtotal other wages & related costs (see inst.)	38,741,404	0	38,741,404	1,050,346.09	36.88	4.00
5.00	Subtotal wage-related costs (see inst.)	63,241,335	0	63,241,335	0.00	47.48	5.00
6.00	Total (sum of lines 3 thru 5)	239,256,335	-4,086,732	235,169,603	5,563,149.50	42.27	6.00
7.00	Total overhead cost (see instructions)	47,982,971	-6,452,081	41,530,890	1,407,066.02	29.52	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0053	Period: From 07/01/2019 To 06/30/2020	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2020 8:20 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,245,666	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)		15,767,669	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)		21,688,524	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		2,011,953	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		706,376	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)		2,066,849	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,414,834	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		9,612,316	17.00
18.00	Medicare Taxes - Employers Portion Only		2,214,611	18.00
19.00	Unemployment Insurance		125,247	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))		16,101	21.00
22.00	Day Care Cost and Allowances		156,357	22.00
23.00	Tuition Reimbursement		241,914	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		57,268,417	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: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part V
Date/Time Prepared:
11/29/2020 8:20 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	7,983,235	57,268,416	1.00
2.00	Hospital	7,983,235	55,444,853	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	1,823,563	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: 14-0053 Component CCN: 14-7222		Period: From 07/01/2019 To 06/30/2020		Worksheet S-4 Date/Time Prepared: 11/29/2020 8:20 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,940	95	2,258	4,293	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	879.00	55.00	1,540.00	2,474.00	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			14.41	0.00	14.41	5.00
6.00	Direct Nursing Service			26.37	0.00	26.37	6.00
7.00	Nursing Supervisor			1.54	0.00	1.54	7.00
8.00	Physical Therapy Service			8.99	0.00	8.99	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			4.39	0.00	4.39	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.27	0.00	0.27	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.95	0.00	0.95	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.06	0.00	2.06	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.			6			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	14010					20.00
20.01		16580					20.01
20.02		19500					20.02
20.03		41180					20.03
20.04		44100					20.04
20.05		99914					20.05
		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	7,774	1,132	251	49	9,206	21.00
22.00	Skilled Nursing Visit Charges	2,025,211	290,414	64,945	12,614	2,393,184	22.00
23.00	Physical Therapy Visits	3,391	692	33	12	4,128	23.00
24.00	Physical Therapy Visit Charges	956,010	196,770	9,405	3,420	1,165,605	24.00
25.00	Occupational Therapy Visits	1,448	407	8	5	1,868	25.00
26.00	Occupational Therapy Visit Charges	409,047	115,470	2,280	1,425	528,222	26.00
27.00	Speech Pathology Visits	176	72	5	0	253	27.00
28.00	Speech Pathology Visit Charges	48,285	20,445	1,425	0	70,155	28.00
29.00	Medical Social Service Visits	128	33	5	0	166	29.00
30.00	Medical Social Service Visit Charges	35,080	9,000	1,375	0	45,455	30.00
31.00	Home Health Aide Visits	1,208	288	6	4	1,506	31.00
32.00	Home Health Aide Visit Charges	138,620	32,700	690	460	172,470	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	14,125	2,624	308	70	17,127	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)	3,612,253	664,799	80,120	17,919	4,375,091	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,196		138	11	1,345	36.00
37.00	Total Number of Outlier Episodes		100		0	100	37.00
38.00	Total Non-Routine Medical Supply Charges	57,163	7,941	4,247	454	69,805	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0053

Period:

Worksheet S-9

Hospice CCN: 14-1503

From 07/01/2019
To 06/30/2020PARTS I THROUGH IV
Date/Time Prepared:
11/29/2020 8:20 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	7,447	62	1,063	8,572	11.00
12.00	Hospice Inpatient Respite Care	56	0	5	61	12.00
13.00	Hospice General Inpatient Care	656	1	87	744	13.00
14.00	Total Hospice Days	8,159	63	1,155	9,377	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0053	Period: From 07/01/2019 To 06/30/2020	Worksheet S-10 Date/Time Prepared: 11/29/2020 8:20 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)			0.215581 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	82,068,808		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	82,068,808		6.00
7.00	Medicaid cost (line 1 times line 6)	17,692,476		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	0		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	0		9.00
10.00	Stand-alone CHIP charges	0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	0		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	24,921,905	2,479,372	27,401,277 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,372,689	2,479,372	7,852,061 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)	5,372,689	2,479,372	7,852,061 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)	12,322,972		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,690,180		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	2,600,277		27.01
28.00	Non-Medicare bad debt expense (see instructions)	9,722,695		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	3,006,125		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	10,858,186		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	10,858,186		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0053

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

Worksheet A

Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		23,724,624	23,724,624	-9,335,714	14,388,910	1.00
1.01	00101	CAP REL COSTS - CON		0	0	49,582	49,582	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	13,443,194	13,443,194	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,083,629	48,493,333	51,576,962	7,863,729	59,440,691	4.00
5.01	00580	COMMUNICATIONS	0	354,606	354,606	17,460	372,066	5.01
5.02	00540	INFORMATION SYSTEMS	-7	29,104,273	29,104,266	0	29,104,266	5.02
5.03	00550	PURCHASING/RECEIVING/STORES	592,179	537,723	1,129,902	1,377	1,131,279	5.03
5.04	00570	ADMITTING	-805	1,395	590	0	590	5.04
5.05	00560	PATIENT ACCOUNTING	-3,529	12,906,110	12,902,581	0	12,902,581	5.05
5.06	00590	OTHER ADMIN & GENERAL	17,733,795	139,747,781	157,481,576	-28,395,541	129,086,035	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,951,105	8,255,995	12,207,100	-16,908	12,190,192	6.00
7.00	00700	OPERATION OF PLANT	2,423,058	10,778,894	13,201,952	-273,566	12,928,386	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,311,723	1,890,711	3,202,434	-15,154	3,187,280	8.00
9.00	00900	HOUSEKEEPING	2,317,200	1,675,663	3,992,863	124,182	4,117,045	9.00
10.00	01000	DIETARY	2,825,901	1,672,976	4,498,877	-2,744,511	1,754,366	10.00
11.00	01100	CAFETERIA	0	0	0	2,729,453	2,729,453	11.00
13.00	01300	NURSING ADMINISTRATION	3,449,684	889,831	4,339,515	-51,459	4,288,056	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	647,650	245,264	892,914	15,757	908,671	14.00
15.00	01500	PHARMACY	5,872,788	19,723,693	25,596,481	-16,977,386	8,619,095	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,448	2,450	2	0	2	16.00
20.00	02000	NURSING SCHOOL	2,297,197	570,529	2,867,726	-6,630	2,861,096	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	7,041,527	0	7,041,527	0	7,041,527	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	16,997,646	16,997,646	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	-5,403	0	-5,403	0	-5,403	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	174,960	22,204	197,164	228,086	425,250	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	82,487	4,234	86,721	0	86,721	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,890,479	12,376,133	38,266,612	-2,413,335	35,853,277	30.00
31.00	03100	INTENSIVE CARE UNIT	8,359,064	5,212,932	13,571,996	-58,466	13,513,530	31.00
35.00	02040	HIGH RISK NEONATAL	7,473,121	1,764,965	9,238,086	-811,146	8,426,940	35.00
40.00	04000	SUBPROVIDER - IPF	0	320,070	320,070	-320,070	0	40.00
43.00	04300	NURSERY	0	1,204	1,204	934,856	936,060	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,140	3,140	-3,140	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,830,971	28,253,332	40,084,303	-23,754,856	16,329,447	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	898,048	1,162,276	2,060,324	-664,475	1,395,849	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	7,043	7,043	-7,043	0	50.02
51.00	05100	RECOVERY ROOM	1,888,500	135,977	2,024,477	49,994	2,074,471	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,064,042	2,021,883	5,085,925	1,013,930	6,099,855	52.00
53.00	05300	ANESTHESIOLOGY	225,009	2,067,927	2,292,936	-477,489	1,815,447	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,609,803	2,008,554	5,618,357	-1,284,963	4,333,394	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	308,996	118,165	427,161	957	428,118	55.00
56.00	05600	RADIOISOTOPE	448,329	690,084	1,138,413	91,206	1,229,619	56.00
57.00	05700	CT SCAN	727,638	659,383	1,387,021	-487,812	899,209	57.00
58.00	05800	MRI	489,042	146,376	635,418	-46,493	588,925	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,633,676	33,241,118	37,874,794	-29,392,868	8,481,926	59.00
60.00	06000	LABORATORY	5,225,456	9,528,096	14,753,552	173,064	14,926,616	60.00
65.00	06500	RESPIRATORY THERAPY	3,578,843	1,003,826	4,582,669	-539,415	4,043,254	65.00
66.00	06600	PHYSICAL THERAPY	5,087,009	958,926	6,045,935	168,247	6,214,182	66.00
69.00	06900	ELECTROCARDIOLOGY	2,698,820	3,105,780	5,804,600	-432,680	5,371,920	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	619,907	494,842	1,114,749	-248,883	865,866	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	31,872,310	31,872,310	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	27,175,780	27,175,780	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	18,118,766	18,118,766	73.00
74.00	07400	RENAL DIALYSIS	0	1,830,727	1,830,727	-2,732	1,827,995	74.00
76.00	03020	OTHER ANCILLARY	1,276,086	109,931	1,386,017	1,381,863	2,767,880	76.00
76.97	07697	CARDIAC REHABILITATION	552,869	25,394	578,263	-8,812	569,451	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	421,101	325,838	746,939	-49,780	697,159	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,716,427	11,448,450	17,164,877	432,931	17,597,808	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,846,801	988,439	5,835,240	-225,327	5,609,913	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		3,922,664	3,922,664	-3,732,828	189,836	113.00
116.00	11600	HOSPICE	680,173	1,046,263	1,726,436	-25,802	1,700,634	116.00
117.00	06950	HOME INFUSION	792,972	2,533,014	3,325,986	-239,511	3,086,475	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	155,135,873	428,115,041	583,250,914	-160,425	583,090,489	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 14-0053	Period: From 07/01/2019 To 06/30/2020	Worksheet A Date/Time Prepared: 11/29/2020 8:20 pm		
Cost Center Description				Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
				1.00	2.00	3.00	4.00	5.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		107,747	205,568	313,315	0	313,315	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		9	1,279,369	1,279,378	0	1,279,378	192.00
194.00	07950	NON REIMBURSABLE-OTHER		548,712	447,492	996,204	-6,187	990,017	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT		501,305	-641,667	-140,362	-4,594	-144,956	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY		180,085	1,356,566	1,536,651	171,206	1,707,857	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)		156,473,731	430,762,369	587,236,100	0	587,236,100	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0053

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

Worksheet A

Date/Time Prepared:
11/29/2020 8:20 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	6,099,446	20,488,356	1.00
1.01	00101	CAP REL COSTS - CON	0	49,582	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,315,428	16,758,622	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-23,665,331	35,775,360	4.00
5.01	00580	COMMUNICATIONS	-72,026	300,040	5.01
5.02	00540	INFORMATION SYSTEMS	2,972,166	32,076,432	5.02
5.03	00550	PURCHASING/RECEIVING/STORES	-50	1,131,229	5.03
5.04	00570	ADMITTING	-8,876,390	-8,875,800	5.04
5.05	00560	PATIENT ACCOUNTING	9,323,043	22,225,624	5.05
5.06	00590	OTHER ADMIN & GENERAL	-105,602,724	23,483,311	5.06
6.00	00600	MAINTENANCE & REPAIRS	-132,024	12,058,168	6.00
7.00	00700	OPERATION OF PLANT	-4,027,056	8,901,330	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-992,195	2,195,085	8.00
9.00	00900	HOUSEKEEPING	0	4,117,045	9.00
10.00	01000	DIETARY	0	1,754,366	10.00
11.00	01100	CAFETERIA	-39,140	2,690,313	11.00
13.00	01300	NURSING ADMINISTRATION	-166,088	4,121,968	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	908,671	14.00
15.00	01500	PHARMACY	-138,323	8,480,772	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,513,973	8,513,975	16.00
20.00	02000	NURSING SCHOOL	-2,979,234	-118,138	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-746,775	6,294,752	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	16,997,646	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	5,184	-219	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	-1,500	423,750	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	-1,863	84,858	23.04
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,928,084	32,925,193	30.00
31.00	03100	INTENSIVE CARE UNIT	-6,062	13,507,468	31.00
35.00	02040	HIGH RISK NEONATAL	-185,230	8,241,710	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	0	936,060	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-150	16,329,297	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	1,395,849	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	50.02
51.00	05100	RECOVERY ROOM	0	2,074,471	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,314,436	4,785,419	52.00
53.00	05300	ANESTHESIOLOGY	-152,216	1,663,231	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-49,169	4,284,225	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	428,118	55.00
56.00	05600	RADIOISOTOPE	0	1,229,619	56.00
57.00	05700	CT SCAN	-10,923	888,286	57.00
58.00	05800	MRI	0	588,925	58.00
59.00	05900	CARDIAC CATHETERIZATION	-555,420	7,926,506	59.00
60.00	06000	LABORATORY	-71,792	14,854,824	60.00
65.00	06500	RESPIRATORY THERAPY	-15,037	4,028,217	65.00
66.00	06600	PHYSICAL THERAPY	-59,665	6,154,517	66.00
69.00	06900	ELECTROCARDIOLOGY	-2,746,544	2,625,376	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-4,437	861,429	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	31,872,310	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	27,175,780	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,118,766	73.00
74.00	07400	RENAL DIALYSIS	-6,167	1,821,828	74.00
76.00	03020	OTHER ANCILLARY	0	2,767,880	76.00
76.97	07697	CARDIAC REHABILITATION	-29,390	540,061	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	697,159	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-9,194,616	8,403,192	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-2,000	5,607,913	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-189,836	0	113.00
116.00	11600	HOSPICE	-1,800	1,698,834	116.00
117.00	06950	HOME INFUSION	-1,800	3,084,675	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-134,736,253	448,354,236	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	313,315	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0053

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

Worksheet A

Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,279,378	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	990,017	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	-144,956	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	1,707,857	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-134,736,253	452,499,847	200.00

RECLASSIFICATIONS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet A-6
Date/Time Prepared:
11/29/2020 8:20 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - COLLEGE OF NURSING DEPREC COSTS					
1.00	CAP REL COSTS - CON	1.01	0	19,876		1.00
	0		0	19,876		
	C - MEDICAL CARE ADMIN COSTS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	65,745	0		1.00
	0		65,745	0		
	D - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	1,714,464	1,014,989		1.00
	0		1,714,464	1,014,989		
	E - NURSERY AND LABOR/DELIVERY COSTS					
1.00	NURSERY	43.00	772,392	190,871		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	831,260	260,783		2.00
	0		1,603,652	451,654		
	F - MOVE LEFTOVER SNF AND PSYCH EXP'S					
1.00	ADULTS & PEDIATRICS	30.00	0	323,210		1.00
2.00		0.00	0	0		2.00
	0		0	323,210		
	G - TO KEEP EXPS CONSISTENT WITH REVS					
1.00	EMERGENCY	91.00	0	7,043		1.00
	0		0	7,043		
	I - INTERPRETER SERVICES					
1.00	ADULTS & PEDIATRICS	30.00	0	45,722		1.00
	0		0	45,722		
	J - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	17,955,630		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
	0		0	17,955,630		
	K - WORKERS COMPENSATION					
1.00	OTHER ADMIN & GENERAL	5.06	0	376		1.00
	TOTALS		0	376		
	L - MEDICAL & IMPLANTABLE SUPPLY COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	31,581,970		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	27,175,780		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00

RECLASSIFICATIONS

Provider CCN: 14-0053

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

Worksheet A-6

Date/Time Prepared:
11/29/2020 8:20 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	0		0	58,757,750	
	0 - UTILITIES/TELEPHONE FOR PDC				
1.00	COMMUNICATIONS	5.01	0	18,998	1.00
	0		0	18,998	
	P - PHARMACY CONTINUING EDUCATION/SERVI				
1.00	PARAMED ED (PHARMACY)	23.03	200,586	27,500	1.00
	0		200,586	27,500	
	Q - NURSING BONUSES				
1.00	OTHER ADMIN & GENERAL	5.06	500	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	10,651	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	7,021	0	3.00
4.00	HIGH RISK NEONATAL	35.00	4,146	0	4.00
5.00	OPERATING ROOM	50.00	2,531	0	5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	7,524	0	6.00
7.00	CARDIAC CATHETERIZATION	59.00	2,536	0	7.00
8.00	RESPIRATORY THERAPY	65.00	1,000	0	8.00
9.00	ELECTROCARDIOLOGY	69.00	1,011	0	9.00
10.00	OTHER ANCILLARY	76.00	1,007	0	10.00
11.00	CARDIAC REHABILITATION	76.97	502	0	11.00
12.00	EMERGENCY	91.00	2,520	0	12.00
13.00	HOME HEALTH AGENCY	101.00	501	0	13.00
	0		41,450	0	
	R - NEW GRAD RN ONSITE TRAINING				
1.00	NURSING SCHOOL	20.00	4,803	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	1,131	0	2.00
3.00	EMERGENCY	91.00	791	0	3.00
	0		6,725	0	
	S - ACADEMIC SUPPORT				
1.00	I&R SERVICES-OTHER PRGM	22.00	0	16,931,901	1.00
	COSTS APPRV				
	0		0	16,931,901	
	T - OUTPATIENT ROUTINE SERVICES				
1.00	OTHER ANCILLARY	76.00	953,979	466,441	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
	0		953,979	466,441	
	U - RADIOLOGY ADMINISTRATION				
1.00	RADIOISOTOPE	56.00	58,837	31,177	1.00
2.00	CT SCAN	57.00	95,493	29,790	2.00
3.00	MRI	58.00	64,180	6,613	3.00
	0		218,510	67,580	
	V - SHORT-TERM DISABILITY				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,137,539	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00

RECLASSIFICATIONS

Provider CCN: 14-0053

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

Worksheet A-6

Date/Time Prepared:
11/29/2020 8:20 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
0			0	1,137,539	
X - MOVEABLE EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	12,536,295	1.00
0			0	12,536,295	
Y - CAPITAL INSURANCE EXPENSE					
1.00	OTHER CAP REL COSTS	3.00	0	424,234	1.00
0			0	424,234	
AA - SHARED COLLEAGUES RECLASS					
1.00	OTHER ADMIN & GENERAL	5.06	0	1,968,982	1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	0	642,232	2.00
0			0	2,611,214	
AB - SIGN ON & RETENTION BONUS					
1.00	OTHER ADMIN & GENERAL	5.06	101,179	0	1.00
2.00	NURSING ADMINISTRATION	13.00	39,179	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	812,617	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	228,786	0	4.00
5.00	HIGH RISK NEONATAL	35.00	62,500	0	5.00
6.00	OPERATING ROOM	50.00	120,000	0	6.00
7.00	GASTRODIAGNOSTIC UNIT	50.01	21,000	0	7.00
8.00	RECOVERY ROOM	51.00	5,000	0	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	55,500	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	15,000	0	10.00
11.00	MRI	58.00	10,714	0	11.00
12.00	CARDIAC CATHETERIZATION	59.00	78,701	0	12.00
13.00	LABORATORY	60.00	5,000	0	13.00
14.00	RESPIRATORY THERAPY	65.00	44,357	0	14.00
15.00	PHYSICAL THERAPY	66.00	55,000	0	15.00
16.00	ELECTROCARDIOLOGY	69.00	20,000	0	16.00
17.00	OTHER ANCILLARY	76.00	14,500	0	17.00
18.00	CARDIAC REHABILITATION	76.97	5,000	0	18.00
19.00	HYPERBARIC OXYGEN THERAPY	76.98	5,000	0	19.00
20.00	EMERGENCY	91.00	165,000	0	20.00
21.00	HOME HEALTH AGENCY	101.00	50,000	0	21.00
22.00	HOSPICE	116.00	5,000	0	22.00
0			1,919,033	0	
AC - MOB BUILDING RECLASS					
1.00	OTHER ADMIN & GENERAL	5.06	0	43,527	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	79,835	2.00
3.00	LABORATORY	60.00	0	23,393	3.00
4.00	PHYSICAL THERAPY	66.00	0	113,348	4.00
5.00	OTHER ANCILLARY	76.00	0	34,671	5.00
6.00	NON REIMBURSABLE-RETAIL PHARMACY	194.02	0	26,048	6.00
0			0	320,822	
AD - RETAIL PHARMACY MANAGER SALARY					
1.00	NON REIMBURSABLE-RETAIL PHARMACY	194.02	145,158	0	1.00
TOTALS			145,158	0	
AE - LEFTOVER SALARIES					
1.00	MEDICAL RECORDS & LIBRARY	16.00	2,448	0	1.00
2.00	INFORMATION SYSTEMS	5.02	7	0	2.00
3.00	ADMITTING	5.04	805	0	3.00
4.00	PATIENT ACCOUNTING	5.05	3,529	0	4.00
TOTALS			6,789	0	
AF - COVID EXPENSE RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,645,599	1.00
2.00	PURCHASING/RECEIVING/STORES	5.03	1,377	0	2.00
3.00	OPERATION OF PLANT	7.00	200	73,766	3.00
4.00		0.00	0	0	4.00
5.00	HOUSEKEEPING	9.00	98,909	32,526	5.00
6.00	NURSING ADMINISTRATION	13.00	96,531	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	14,549	17,902	7.00
8.00	ADULTS & PEDIATRICS	30.00	195,438	76,108	8.00
9.00	INTENSIVE CARE UNIT	31.00	252,551	19,413	9.00
10.00	HIGH RISK NEONATAL	35.00	211	0	10.00
11.00	OPERATING ROOM	50.00	89,999	0	11.00
12.00	GASTRODIAGNOSTIC UNIT	50.01	11,809	0	12.00
13.00	RECOVERY ROOM	51.00	49,794	0	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	441	0	14.00
15.00	ANESTHESIOLOGY	53.00	273	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	19,533	0	16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	1,527	0	17.00

RECLASSIFICATIONS

Provider CCN: 14-0053

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

Worksheet A-6

Date/Time Prepared:
11/29/2020 8:20 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
18.00	RADIOISOTOPE	56.00	4,491	0	18.00
19.00	MRI	58.00	1,877	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	9,619	0	20.00
21.00	LABORATORY	60.00	2,984	195,620	21.00
22.00	RESPIRATORY THERAPY	65.00	82,710	0	22.00
23.00	PHYSICAL THERAPY	66.00	69,085	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	6,268	0	24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	19,836	0	25.00
26.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	290,340	26.00
27.00	DRUGS CHARGED TO PATIENTS	73.00	0	163,136	27.00
28.00	OTHER ANCILLARY	76.00	4,242	0	28.00
29.00	CARDIAC REHABILITATION	76.97	2,742	0	29.00
30.00	EMERGENCY	91.00	463,998	14,000	30.00
31.00	HOME HEALTH AGENCY	101.00	283	0	31.00
	TOTALS		1,501,277	9,528,410	
	AG - INTEREST EXPENSE				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,891,805	1.00
2.00	CAP REL COSTS - CON	1.01	0	26,674	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	814,349	3.00
	TOTALS		0	3,732,828	
500.00	Grand Total: Increases		8,377,368	126,380,012	500.00

RECLASSIFICATIONS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet A-6
Date/Time Prepared:
11/29/2020 8:20 pm

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00			
	A - COLLEGE OF NURSING DEPREC COSTS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	19,876	9	1.00	
	0		0	19,876			
	C - MEDICAL CARE ADMIN COSTS						
1.00	OTHER ADMIN & GENERAL	5.06	65,745	0	0	1.00	
	0		65,745	0			
	D - CAFETERIA COSTS						
1.00	DIETARY	10.00	1,714,464	1,014,989	0	1.00	
	0		1,714,464	1,014,989			
	E - NURSERY AND LABOR/DELIVERY COSTS						
1.00	ADULTS & PEDIATRICS	30.00	1,603,652	451,654	0	1.00	
2.00		0.00	0	0	0	2.00	
	0		1,603,652	451,654			
	F - MOVE LEFTOVER SNF AND PSYCH EXP'S						
1.00	SKILLED NURSING FACILITY	44.00	0	3,140	0	1.00	
2.00	SUBPROVIDER - IPF	40.00	0	320,070	0	2.00	
	0		0	323,210			
	G - TO KEEP EXPS CONSISTENT WITH REVS						
1.00	PAIN MANAGEMENT CENTER	50.02	0	7,043	0	1.00	
	0		0	7,043			
	I - INTERPRETER SERVICES						
1.00	OTHER ADMIN & GENERAL	5.06	0	45,722	0	1.00	
	0		0	45,722			
	J - DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	16,566,179	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	8,029	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	3,685	0	3.00	
4.00	OPERATING ROOM	50.00	0	14,285	0	4.00	
5.00	GASTRODIAGNOSTIC UNIT	50.01	0	34,205	0	5.00	
6.00	ANESTHESIOLOGY	53.00	0	49	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	86,678	0	7.00	
8.00	RADIOISOTOPE	56.00	0	3,299	0	8.00	
9.00	CT SCAN	57.00	0	433,660	0	9.00	
10.00	MRI	58.00	0	124,989	0	10.00	
11.00	CARDIAC CATHETERIZATION	59.00	0	183,257	0	11.00	
12.00	RESPIRATORY THERAPY	65.00	0	393	0	12.00	
13.00	PHYSICAL THERAPY	66.00	0	382	0	13.00	
14.00	ELECTROCARDIOLOGY	69.00	0	448,855	0	14.00	
15.00	HYPERBARIC OXYGEN THERAPY	76.98	0	47,565	0	15.00	
16.00	EMERGENCY	91.00	0	120	0	16.00	
	0		0	17,955,630			
	K - WORKERS COMPENSATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	376	0	1.00	
	TOTALS		0	376			
	L - MEDICAL & IMPLANTABLE SUPPLY COSTS						
1.00	ADULTS & PEDIATRICS	30.00	0	383,982	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	310,817	0	2.00	
3.00	HIGH RISK NEONATAL	35.00	0	808,541	0	3.00	
4.00	NURSERY	43.00	0	25,378	0	4.00	
5.00	OPERATING ROOM	50.00	0	23,867,206	0	5.00	
6.00	GASTRODIAGNOSTIC UNIT	50.01	0	650,691	0	6.00	
7.00	RECOVERY ROOM	51.00	0	529	0	7.00	
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	117,792	0	8.00	
9.00	ANESTHESIOLOGY	53.00	0	477,713	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,009,088	0	10.00	
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	570	0	11.00	
12.00	CT SCAN	57.00	0	165,846	0	12.00	
13.00	MRI	58.00	0	4,888	0	13.00	
14.00	CARDIAC CATHETERIZATION	59.00	0	29,228,323	0	14.00	
15.00	LABORATORY	60.00	0	366	0	15.00	
16.00	RESPIRATORY THERAPY	65.00	0	649,982	0	16.00	
17.00	PHYSICAL THERAPY	66.00	0	15,389	0	17.00	
18.00	ELECTROCARDIOLOGY	69.00	0	2,796	0	18.00	
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	267,292	0	19.00	
20.00	RENAL DIALYSIS	74.00	0	2,732	0	20.00	
21.00	OTHER ANCILLARY	76.00	0	92,977	0	21.00	
22.00	HYPERBARIC OXYGEN THERAPY	76.98	0	4,468	0	22.00	
23.00	EMERGENCY	91.00	0	163,309	0	23.00	
24.00	HOME HEALTH AGENCY	101.00	0	241,871	0	24.00	
25.00	HOSPICE	116.00	0	25,694	0	25.00	
26.00	HOME INFUSION	117.00	0	239,511	0	26.00	
	0		0	58,757,751			

RECLASSIFICATIONS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet A-6
Date/Time Prepared:
11/29/2020 8:20 pm

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
	O - UTILITIES/TELEPHONE FOR PDC						
1.00	CARDIAC CATHETERIZATION	59.00	0	18,998	0		1.00
	0		0	18,998			
	P - PHARMACY CONTINUING EDUCATION/SERVI						
1.00	PHARMACY	15.00	200,586	27,500	0		1.00
	0		200,586	27,500			
	Q - NURSING BONUSES						
1.00	NURSING ADMINISTRATION	13.00	41,450	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
	0		41,450	0			
	R - NEW GRAD RN ONSITE TRAINING						
1.00	NURSING ADMINISTRATION	13.00	6,725	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		6,725	0			
	S - ACADEMIC SUPPORT						
1.00	OTHER ADMIN & GENERAL	5.06	0	16,931,901	0		1.00
	0		0	16,931,901			
	T - OUTPATIENT ROUTINE SERVICES						
1.00	ADULTS & PEDIATRICS	30.00	854,457	408,751	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	96,211	57,046	0		2.00
3.00	HIGH RISK NEONATAL	35.00	820	106	0		3.00
4.00	NURSERY	43.00	2,491	538	0		4.00
	0		953,979	466,441			
	U - RADIOLOGY ADMINISTRATION						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	218,510	67,580	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		218,510	67,580			
	V - SHORT-TERM DISABILITY						
1.00	COMMUNICATIONS	5.01	1,538	0	0		1.00
2.00	OTHER ADMIN & GENERAL	5.06	43,990	0	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	16,908	0	0		3.00
4.00	OPERATION OF PLANT	7.00	26,710	0	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	14,998	0	0		5.00
6.00	HOUSEKEEPING	9.00	7,253	0	0		6.00
7.00	DIETARY	10.00	15,058	0	0		7.00
8.00	NURSING ADMINISTRATION	13.00	138,994	0	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	16,694	0	0		9.00
10.00	PHARMACY	15.00	37,963	0	0		10.00
11.00	NURSING SCHOOL	20.00	11,433	0	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	166,556	0	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	99,609	0	0		13.00
14.00	HIGH RISK NEONATAL	35.00	68,536	0	0		14.00
15.00	OPERATING ROOM	50.00	85,895	0	0		15.00
16.00	GASTRODIAGNOSTIC UNIT	50.01	12,388	0	0		16.00
17.00	RECOVERY ROOM	51.00	4,271	0	0		17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	23,786	0	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	17,475	0	0		19.00
20.00	CT SCAN	57.00	13,589	0	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	53,146	0	0		21.00
22.00	LABORATORY	60.00	53,567	0	0		22.00
23.00	RESPIRATORY THERAPY	65.00	17,107	0	0		23.00
24.00	PHYSICAL THERAPY	66.00	53,415	0	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	8,308	0	0		25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	1,427	0	0		26.00
27.00	CARDIAC REHABILITATION	76.97	17,056	0	0		27.00
28.00	HYPERBARIC OXYGEN THERAPY	76.98	2,747	0	0		28.00
29.00	EMERGENCY	91.00	56,992	0	0		29.00
30.00	HOME HEALTH AGENCY	101.00	34,240	0	0		30.00
31.00	HOSPICE	116.00	5,108	0	0		31.00
32.00	NON REIMBURSABLE-OTHER	194.00	6,187	0	0		32.00

RECLASSIFICATIONS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet A-6
Date/Time Prepared:
11/29/2020 8:20 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
33.00	NON REIMBURSABLE-FUND DEVELOPMENT	194.01	4,594	0	0		33.00
	0		1,137,538	0			
X - MOVEABLE EQUIPMENT DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	12,536,295	9		1.00
	0		0	12,536,295			
Y - CAPITAL INSURANCE EXPENSE							
1.00	OTHER ADMIN & GENERAL	5.06	0	424,234	0		1.00
	0		0	424,234			
AA - SHARED COLLEAGUES RECLASS							
1.00	OTHER ADMIN & GENERAL	5.06	1,968,982	0	0		1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	642,232	0	0		2.00
	0		2,611,214	0			
AB - SIGN ON & RETENTION BONUS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,919,033	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
	0		1,919,033	0			
AC - MOB BUILDING RECLASS							
1.00	OPERATION OF PLANT	7.00	0	320,822	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
	0		0	320,822			
AD - RETAIL PHARMACY MANAGER SALARY							
1.00	PHARMACY	15.00	145,158	0	0		1.00
	TOTALS		145,158	0			
AE - LEFTOVER SALARIES							
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,448	0		1.00
2.00	INFORMATION SYSTEMS	5.02	0	7	0		2.00
3.00	ADMITTING	5.04	0	805	0		3.00
4.00	PATIENT ACCOUNTING	5.05	0	3,529	0		4.00
	TOTALS		0	6,789			
AF - COVID EXPENSE RECLASS							
1.00	OTHER ADMIN & GENERAL	5.06	1,501,277	9,528,254	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	156	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

RECLASSIFICATIONS

Provider CCN: 14-0053

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

Worksheet A-6

Date/Time Prepared:
11/29/2020 8:20 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
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		1,501,277	9,528,410		
	AG - INTEREST EXPENSE					
1.00	INTEREST EXPENSE	113.00	0	3,732,828	11	1.00
2.00		0.00	0	0	11	2.00
3.00		0.00	0	0	11	3.00
	TOTALS		0	3,732,828		
500.00	Grand Total: Decreases		12,119,331	122,638,049		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
11/29/2020 8:20 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	22,877,437	1,059,526	0	1,059,526	0	1.00	
2.00	Land Improvements	11,508,031	190,367	0	190,367	705,645	2.00	
3.00	Buildings and Fixtures	535,927,500	5,877,540	0	5,877,540	26,101,505	3.00	
4.00	Building Improvements	20,860,888	10,135,331	0	10,135,331	441,588	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	188,806,341	78,141,471	0	78,141,471	93,020,014	6.00	
7.00	HIT designated Assets	42,138,146	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	822,118,343	95,404,235	0	95,404,235	120,268,752	8.00	
9.00	Reconciling Items	23,537,351	8,797,439	0	8,797,439	0	9.00	
10.00	Total (line 8 minus line 9)	798,580,992	86,606,796	0	86,606,796	120,268,752	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	23,936,963	0				1.00	
2.00	Land Improvements	10,992,753	0				2.00	
3.00	Buildings and Fixtures	515,703,535	0				3.00	
4.00	Building Improvements	30,554,631	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	173,927,798	0				6.00	
7.00	HIT designated Assets	42,138,146	0				7.00	
8.00	Subtotal (sum of lines 1-7)	797,253,826	0				8.00	
9.00	Reconciling Items	32,334,790	0				9.00	
10.00	Total (line 8 minus line 9)	764,919,036	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
11/29/2020 8:20 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	23,724,624	0	0	0	0	1.00
1.01	CAP REL COSTS - CON	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	23,724,624	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	23,724,624				1.00
1.01	CAP REL COSTS - CON	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	23,724,624				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
11/29/2020 8:20 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	617,628,993	0	617,628,993	0.774695	328,652	1.00	
1.01	CAP REL COSTS - CON	5,697,035	0	5,697,035	0.007146	3,032	1.01	
2.00	CAP REL COSTS-MVBLE EQUIP	173,927,798	0	173,927,798	0.218159	92,550	2.00	
3.00	Total (sum of lines 1-2)	797,253,826	0	797,253,826	1.000000	424,234	3.00	
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
		6.00	7.00	8.00	9.00	10.00		
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	328,652	17,267,899	0	1.00	
1.01	CAP REL COSTS - CON	0	0	3,032	19,876	0	1.01	
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	92,550	15,851,723	0	2.00	
3.00	Total (sum of lines 1-2)	0	0	424,234	33,139,498	0	3.00	
Cost Center Description		SUMMARY OF CAPITAL						
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
		11.00	12.00	13.00	14.00	15.00		
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,891,805	328,652	0	0	20,488,356	1.00	
1.01	CAP REL COSTS - CON	26,674	3,032	0	0	49,582	1.01	
2.00	CAP REL COSTS-MVBLE EQUIP	814,349	92,550	0	0	16,758,622	2.00	
3.00	Total (sum of lines 1-2)	3,732,828	424,234	0	0	37,296,560	3.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0053

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

Worksheet A-8

Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - CAP REL COSTS - CON (chapter 2)			0CAP REL COSTS - CON	1.01	0	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-32,201	COMMUNICATIONS	5.01	0	7.00
8.00	Television and radio service (chapter 21)	A	-65,946	MAINTENANCE & REPAIRS	6.00	0	8.00
9.00	Parking lot (chapter 21)	B	-59,747	OPERATION OF PLANT	7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-38,684,825			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	8,055,628			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	B	-97,920	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B		0MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	-2,959,254	NURSING SCHOOL	20.00	0	19.00
20.00	Vending machines	B	-39,140	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS - CON			0CAP REL COSTS - CON	1.01	0	26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0053

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

Worksheet A-8

Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
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	TUITIN, FEES, BOOKS, ETC.	B	-219	PARAMED ED (CLINICAL LAB SCIENCE)	23.00	0	33.00
33.01	TUITION, FEES, BOOKS, ETC.	B	-1,500	PARAMED ED (PHARMACY)	23.03	0	33.01
33.02	TUITION, FEES, BOOKS, ETC.	B	-1,863	PARAMED ED (PASTORAL CARE)	23.04	0	33.02
33.03	MISCELLANEOUS OTHER OPERATING R	B	-84	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.03
33.04	MISCELLANEOUS OTHER OPERATING R	B	-35,452	COMMUNICATIONS	5.01	0	33.04
33.05	MISCELLANEOUS OTHER OPERATING R	B	-50	PURCHASING/RECEIVING/STORES	5.03	0	33.05
34.00	MISCELLANEOUS OTHER OPERATING R	B	-1,174,780	OTHER ADMIN & GENERAL	5.06	0	34.00
34.01	MISCELLANEOUS OTHER OPERATING R	B	-16,525	MAINTENANCE & REPAIRS	6.00	0	34.01
34.02	MISCELLANEOUS OTHER OPERATING R	B	-7,504	LAUNDRY & LINEN SERVICE	8.00	0	34.02
35.00	MISCELLANEOUS OTHER OPERATING R	B	-35,093	NURSING ADMINISTRATION	13.00	0	35.00
35.01	MISCELLANEOUS OTHER OPERATING R	B	-6,373	NURSING SCHOOL	20.00	0	35.01
35.02	MISCELLANEOUS OTHER OPERATING R	B	-746,775	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	35.02
35.03	MISCELLANEOUS OTHER OPERATING R	B	-749	ADULTS & PEDIATRICS	30.00	0	35.03
36.00	MISCELLANEOUS OTHER OPERATING R	B	-436	DELIVERY ROOM & LABOR ROOM	52.00	0	36.00
36.01	MISCELLANEOUS OTHER OPERATING R	B	-11,383	RADIOLOGY-DIAGNOSTIC	54.00	0	36.01
36.03	MISCELLANEOUS OTHER OPERATING R	B	-4,645	CARDIAC CATHETERIZATION	59.00	0	36.03
36.05	MISCELLANEOUS OTHER OPERATING R	B	-22,611	LABORATORY	60.00	0	36.05
36.06	MISCELLANEOUS OTHER OPERATING R	B	-50,938	PHYSICAL THERAPY	66.00	0	36.06
36.07	MISCELLANEOUS OTHER OPERATING R	B	-190,573	ELECTROCARDIOLOGY	69.00	0	36.07
36.08	MISCELLANEOUS OTHER OPERATING R	B	-29,390	CARDIAC REHABILITATION	76.97	0	36.08
36.10	MISCELLANEOUS OTHER OPERATING R	B	-373,173	EMERGENCY	91.00	0	36.10
36.11	RENTAL OF HOSPITAL SPACE	B	-2,332,928	OPERATION OF PLANT	7.00	0	36.11
36.12	RENTAL OF HOSPITAL SPACE	B	-7,375	PHYSICAL THERAPY	66.00	0	36.12
36.13	INTERCOMPANY REVENUE	B	-2,573	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36.13
36.14	INTERCOMPANY REVENUE	B	-4,373	COMMUNICATIONS	5.01	0	36.14
36.17	INTERCOMPANY REVENUE	B	-1,162,843	OTHER ADMIN & GENERAL	5.06	0	36.17
36.18	INTERCOMPANY REVENUE	B	-49,046	MAINTENANCE & REPAIRS	6.00	0	36.18
36.19	INTERCOMPANY REVENUE	B	-1,220,762	OPERATION OF PLANT	7.00	0	36.19
37.00	INTERCOMPANY REVENUE	B	-34,309	NURSING ADMINISTRATION	13.00	0	37.00
37.01	INTERCOMPANY REVENUE	B	-40,403	PHARMACY	15.00	0	37.01
37.02	INTERCOMPANY REVENUE	B	-20,500	NURSING SCHOOL	20.00	0	37.02
37.04	INTERCOMPANY REVENUE	B	-33,414	ADULTS & PEDIATRICS	30.00	0	37.04
37.06	INTERCOMPANY REVENUE	B	-37,413	RADIOLOGY-DIAGNOSTIC	54.00	0	37.06
37.07	INTERCOMPANY REVENUE	B	-550,775	CARDIAC CATHETERIZATION	59.00	0	37.07
37.08	INTERCOMPANY REVENUE	B	-45,131	LABORATORY	60.00	0	37.08
37.09	INTERCOMPANY REVENUE	B	-69,753	ELECTROCARDIOLOGY	69.00	0	37.09
37.11	INTERCOMPANY REVENUE	B	-406,550	EMERGENCY	91.00	0	37.11
37.12	EMPLOYEE HEALTH INSURANCE	B	-25,791,966	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.12
37.13	ADVERTISING/SPONSORSHIP	A	-1,387	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.13
37.14	ADVERTISING/SPONSORSHIP	A	-891,313	OTHER ADMIN & GENERAL	5.06	0	37.14
37.15	ADVERTISING/SPONSORSHIP	A	-10,043	NURSING SCHOOL	20.00	0	37.15
37.16	ADVERTISING/SPONSORSHIP	A	-1,352	PHYSICAL THERAPY	66.00	0	37.16
37.17	ADVERTISING/SPONSORSHIP	A	-2,000	HOME HEALTH AGENCY	101.00	0	37.17
37.18	ADVERTISING/SPONSORSHIP	A	-1,800	HOSPICE	116.00	0	37.18
37.21	ADVERTISING/SPONSORSHIP	A	-1,800	HOME INFUSION	117.00	0	37.21
38.00	LOBBYING COSTS	A	-68,927	OTHER ADMIN & GENERAL	5.06	0	38.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0053

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

Worksheet A-8

Date/Time Prepared:
11/29/2020 8:20 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
Cost Center Description	Basis/Code (2)	Amount	Cost Center		Line #	Wkst. A-7 Ref.		
			1.00	2.00			3.00	4.00
39.00 PHYSICIAN RECRUITMENT	A	-10,000			30.00	0	39.00	
39.02 INTANGIBLE	A	-95,000			5.06	0	39.02	
AMORTIZATION/GAIN-LO								
39.03 PENSION	A	3,805,478			4.00	0	39.03	
39.04 NONALLOWABLE FOOD/DRINK	A	-12,574			4.00	0	39.04	
39.05 NONALLOWABLE FOOD/DRINK	A	-8			5.05	0	39.05	
40.00 NONALLOWABLE FOOD/DRINK	A	-22,330			5.06	0	40.00	
40.01 MEDICAL GROUP PURCHASED SERVICE	A	-56,386,940			5.06	0	40.01	
40.02 PROPERTY TAX	A	-241,273			5.06	0	40.02	
41.00 PROPERTY TAX	A	-258,837			7.00	0	41.00	
41.01 PROPERTY TAX	A	-1,562			20.00	0	41.01	
42.00 MEDICAID ASSESSMENT	A	-19,426,692			5.06	0	42.00	
42.01 NONALLOWABLE INTEREST	A	-189,836			113.00	0	42.01	
42.02 NON-PATIENT CARE TRAVEL	A	-2,225			4.00	0	42.02	
44.00 NON-PATIENT CARE TRAVEL	A	-112			5.05	0	44.00	
44.01 NON-PATIENT CARE TRAVEL	A	-12,363			5.06	0	44.01	
44.02 NON-PATIENT CARE TRAVEL	A	-507			6.00	0	44.02	
44.03 NON-PATIENT CARE TRAVEL	A	-433			13.00	0	44.03	
44.04 NON-PATIENT CARE TRAVEL	A	-5,513			20.00	0	44.04	
45.00 NON-PATIENT CARE TRAVEL	A	-5,484			35.00	0	45.00	
46.00 NON-PATIENT CARE TRAVEL	A	-373			54.00	0	46.00	
46.01 NON-PATIENT CARE TRAVEL	A	-4,269			69.00	0	46.01	
46.03 NON-PATIENT CARE TRAVEL	A	-5,007			91.00	0	46.03	
46.04 NONALLOWABLE MEALS	A	-449,065			5.06	0	46.04	
47.00 ASSET RE-LIFING DEPRECIATION	A	6,182,102			1.00	9	47.00	
47.01 ASSET RE-LIFING DEPRECIATION	A	3,315,428			2.00	9	47.01	
47.02 GIFTS	A	-954			5.06	0	47.02	
47.03 ALCOHOL EXPENSE	A	-12,574			4.00	0	47.03	
47.04 ALCOHOL EXPENSE	A	-8			5.05	0	47.04	
47.05 ALCOHOL EXPENSE	A	-19,796			5.06	0	47.05	
47.06 RESTRUCTURING EXPENSE	A	-1,498,672			5.06	0	47.06	
47.07 CLINICAL LAB SCIENCE SALARIES	A	5,403			23.00	0	47.07	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-134,736,253					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: 14-0053

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

Worksheet A-8-1

Date/Time Prepared:
11/29/2020 8:20 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	34,321,230	34,328,776 1.00
2.00		5.02	INFORMATION SYSTEMS	CONTRACTED SERVICES - ISC	32,073,757	29,100,594 2.00
3.00		5.06	OTHER ADMIN & GENERAL	CONTRACTED SERVICES - SSC	8,172,461	8,419,315 3.00
3.01		20.00	NURSING SCHOOL	CONTRACTED SERVICES - HSHS	252,660	228,649 3.01
3.02		5.06	OTHER ADMIN & GENERAL	RELATED SERVICES	-5,824,453	-5,824,447 3.02
3.03		5.04	ADMITTING	SBO FEE - ADMITTING	4,029,762	12,906,152 3.03
3.04		5.05	PATIENT ACCOUNTING	SBO FEE - PATIENT ACCOUNTING	9,323,171	0 3.04
3.05		5.06	OTHER ADMIN & GENERAL	SBO FEE - ADMINISTRATION	1,319,295	0 3.05
3.06		16.00	MEDICAL RECORDS & LIBRARY	SBO FEE - MEDICAL RECORDS	8,513,973	0 3.06
3.07		1.00	CAP REL COSTS-BLDG & FIXT	HSHS CID REGIONAL	165,540	248,196 3.07
3.08		5.02	INFORMATION SYSTEMS	HSHS CID REGIONAL	1,996	2,993 3.08
3.09		5.06	OTHER ADMIN & GENERAL	HSHS CID REGIONAL	4,040,632	6,058,181 3.09
4.00		7.00	OPERATION OF PLANT	HSHS CID REGIONAL	309,988	464,770 4.00
4.01		8.00	LAUNDRY & LINEN SERVICE	HSHS CID REGIONAL	1,972,083	2,956,774 4.01
4.02		13.00	NURSING ADMINISTRATION	HSHS CID REGIONAL	173,507	260,141 4.02
4.03		4.00	EMPLOYEE BENEFITS DEPARTMENT	HSHS CID REGIONAL	0	1,639,880 4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				98,845,602	90,789,974 5.00

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

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

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

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

6.00	B		0.00	HOSPITAL SISTERS HEALTH SYSTEM	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

(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: 14-0053

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

Worksheet A-8-1

Date/Time Prepared:
11/29/2020 8:20 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	-7,546	0		1.00
2.00	2,973,163	0		2.00
3.00	-246,854	0		3.00
3.01	24,011	0		3.01
3.02	-6	0		3.02
3.03	-8,876,390	0		3.03
3.04	9,323,171	0		3.04
3.05	1,319,295	0		3.05
3.06	8,513,973	0		3.06
3.07	-82,656	9		3.07
3.08	-997	0		3.08
3.09	-2,017,549	0		3.09
4.00	-154,782	0		4.00
4.01	-984,691	0		4.01
4.02	-86,634	0		4.02
4.03	-1,639,880	0		4.03
5.00	8,055,628			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: 14-0053

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

Worksheet A-8-2

Date/Time Prepared:
11/29/2020 8:20 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	OTHER ADMIN & GENERAL	23,752,596	22,654,930	1,097,666	211,500	5,369	1.00
2.00	13.00	NURSING ADMINISTRATION	41,751	0	41,751	211,500	316	2.00
3.00	30.00	ADULTS & PEDIATRICS	3,041,021	2,746,282	294,739	211,500	1,545	3.00
4.00	31.00	INTENSIVE CARE UNIT	32,500	0	32,500	211,500	260	4.00
5.00	35.00	HIGH RISK NEONATAL	252,754	142,692	110,062	211,500	718	5.00
6.00	50.00	OPERATING ROOM	2,638	0	2,638	246,400	21	6.00
7.00	50.01	GASTRODIAGNOSTIC UNIT	0	0	0	246,400	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	1,314,000	1,314,000	0	246,400	0	8.00
9.00	53.00	ANESTHESIOLOGY	300,000	0	300,000	239,400	1,284	9.00
10.00	57.00	CT SCAN	10,923	10,923	0	271,900	0	10.00
11.00	60.00	LABORATORY	237,050	4,050	233,000	260,300	6,080	11.00
12.00	65.00	RESPIRATORY THERAPY	15,037	15,037	0	211,500	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	2,535,231	2,404,356	130,875	211,500	524	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	10,131	0	10,131	211,500	56	14.00
15.00	74.00	RENAL DIALYSIS	6,167	6,167	0	211,500	0	15.00
16.00	76.98	HYPERBARIC OXYGEN THERAPY	105,480	0	105,480	211,500	1,290	16.00
17.00	91.00	EMERGENCY	8,425,240	8,401,889	23,351	211,500	151	17.00
200.00			40,082,519	37,700,326	2,382,193		17,614	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	OTHER ADMIN & GENERAL	545,934	27,297	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	32,132	1,607	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	157,100	7,855	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	26,438	1,322	0	0	0	4.00
5.00	35.00	HIGH RISK NEONATAL	73,008	3,650	0	0	0	5.00
6.00	50.00	OPERATING ROOM	2,488	124	0	0	0	6.00
7.00	50.01	GASTRODIAGNOSTIC UNIT	0	0	0	0	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	147,784	7,389	0	0	0	9.00
10.00	57.00	CT SCAN	0	0	0	0	0	10.00
11.00	60.00	LABORATORY	760,877	38,044	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	53,282	2,664	0	0	0	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	5,694	285	0	0	0	14.00
15.00	74.00	RENAL DIALYSIS	0	0	0	0	0	15.00
16.00	76.98	HYPERBARIC OXYGEN THERAPY	131,171	6,559	0	0	0	16.00
17.00	91.00	EMERGENCY	15,354	768	0	0	0	17.00
200.00			1,951,262	97,564	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	OTHER ADMIN & GENERAL	0	545,934	551,732	23,206,662		1.00
2.00	13.00	NURSING ADMINISTRATION	0	32,132	9,619	9,619		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	157,100	137,639	2,883,921		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	26,438	6,062	6,062		4.00
5.00	35.00	HIGH RISK NEONATAL	0	73,008	37,054	179,746		5.00
6.00	50.00	OPERATING ROOM	0	2,488	150	150		6.00
7.00	50.01	GASTRODIAGNOSTIC UNIT	0	0	0	0		7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,314,000		8.00
9.00	53.00	ANESTHESIOLOGY	0	147,784	152,216	152,216		9.00
10.00	57.00	CT SCAN	0	0	0	10,923		10.00
11.00	60.00	LABORATORY	0	760,877	0	4,050		11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	15,037		12.00
13.00	69.00	ELECTROCARDIOLOGY	0	53,282	77,593	2,481,949		13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	5,694	4,437	4,437		14.00
15.00	74.00	RENAL DIALYSIS	0	0	0	6,167		15.00
16.00	76.98	HYPERBARIC OXYGEN THERAPY	0	131,171	0	0		16.00
17.00	91.00	EMERGENCY	0	15,354	7,997	8,409,886		17.00
200.00			0	1,951,262	984,499	38,684,825		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP		
		0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	20,488,356	20,488,356			1.00
1.01	00101	CAP REL COSTS - CON	49,582	0	49,582		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	16,758,622		16,758,622		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	35,775,360	92,955	0	12,652	35,880,967
5.01	00580	COMMUNICATIONS	300,040	38,222	0	1,765,585	0
5.02	00540	INFORMATION SYSTEMS	32,076,432	234,741	0	4,135	0
5.03	00550	PURCHASING/RECEIVING/STORES	1,131,229	203,147	0	5,791	140,508
5.04	00570	ADMITTING	-8,875,800	50,051	0	11,209	0
5.05	00560	PATIENT ACCOUNTING	22,225,624	8,275	0	12,174	0
5.06	00590	OTHER ADMIN & GENERAL	23,483,311	1,809,227	0	453,708	3,374,113
6.00	00600	MAINTENANCE & REPAIRS	12,058,168	72,177	0	470,215	931,311
7.00	00700	OPERATION OF PLANT	8,901,330	9,817,822	0	615,575	567,316
8.00	00800	LAUNDRY & LINEN SERVICE	2,195,085	663,511	0	350,920	154,933
9.00	00900	HOUSEKEEPING	4,117,045	110,127	0	3,493	570,229
10.00	01000	DIETARY	1,754,366	150,541	0	1,751	259,537
11.00	01100	CAFETERIA	2,690,313	232,238	0	2,702	405,851
13.00	01300	NURSING ADMINISTRATION	4,121,968	219,242	0	288,450	804,435
14.00	01400	CENTRAL SERVICES & SUPPLY	908,671	537,470	0	53,516	152,805
15.00	01500	PHARMACY	8,480,772	113,940	0	27,239	1,299,386
16.00	01600	MEDICAL RECORDS & LIBRARY	8,513,975	106,145	0	950	0
20.00	02000	NURSING SCHOOL	-118,138	0	49,582	186,361	542,228
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,294,752	0	0	0	1,666,884
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	16,997,646	169,256	0	0	16,037
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	-219	6,355	0	0	0
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0
23.03	02303	PARAMED ED (PHARMACY)	423,750	0	0	0	88,900
23.04	02304	PARAMED ED (PASTORAL CARE)	84,858	3,774	0	0	19,526
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	32,925,193	1,255,195	0	802,988	5,748,721
31.00	03100	INTENSIVE CARE UNIT	13,507,468	391,287	0	577,745	2,048,292
35.00	02040	HIGH RISK NEONATAL	8,241,710	181,643	0	148,954	1,768,461
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	936,060	37,911	0	20,608	182,253
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,329,297	662,551	0	3,776,769	2,830,628
50.01	05001	GASTRODIAGNOSTIC UNIT	1,395,849	74,590	0	389,453	217,422
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0
51.00	05100	RECOVERY ROOM	2,074,471	156,702	0	164,827	459,009
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,785,419	191,201	0	103,934	931,497
53.00	05300	ANESTHESIOLOGY	1,663,231	10,168	0	376,468	53,329
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,284,225	236,946	0	1,304,046	806,832
55.00	05500	RADIOLOGY-THERAPEUTIC	428,118	0	0	354,990	73,508
56.00	05600	RADIOISOTOPE	1,229,619	96,418	0	1,275	121,120
57.00	05700	CT SCAN	888,286	34,111	0	364,331	191,636
58.00	05800	MRI	588,925	39,947	0	526,471	133,940
59.00	05900	CARDIAC CATHETERIZATION	7,926,506	418,070	0	2,282,715	1,105,820
60.00	06000	LABORATORY	14,854,824	241,706	0	177,397	1,226,190
65.00	06500	RESPIRATORY THERAPY	4,028,217	43,008	0	180,781	873,458
66.00	06600	PHYSICAL THERAPY	6,154,517	22,360	0	28,443	1,220,936
69.00	06900	ELECTROCARDIOLOGY	2,625,376	336,256	0	441,720	643,361
70.00	07000	ELECTROENCEPHALOGRAPHY	861,429	22,749	0	99,418	151,103
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,872,310	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,175,780	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	18,118,766	0	0	0	0
74.00	07400	RENAL DIALYSIS	1,821,828	21,245	0	422	0
76.00	03020	OTHER ANCILLARY	2,767,880	35,965	0	3,277	532,580
76.97	07697	CARDIAC REHABILITATION	540,061	74,162	0	43,731	128,790
76.98	07698	HYPERBARIC OXYGEN THERAPY	697,159	34,876	0	17,579	100,217
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	8,403,192	225,818	0	227,684	1,489,394
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	5,607,913	59,467	0	9,609	1,151,261
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	1,698,834	19,818	0	0	160,986

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP		
			0	1.00	1.01	2.00	4.00	
117.00	06950	HOME INFUSION	3,084,675	0	0	32,706	187,714	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	448,354,236	19,563,386	49,582	16,724,767	35,532,457	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	313,315	83,889	0	32	25,506	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,279,378	727,582	0	12,692	2	192.00
194.00	07950	NON REIMBURSABLE-OTHER	990,017	88,804	0	20,603	128,428	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	-144,956	24,695	0	0	117,582	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	1,707,857	0	0	528	76,992	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	452,499,847	20,488,356	49,582	16,758,622	35,880,967	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			COMMUNICATIONS	INFORMATION SYSTEMS	PURCHASING/RECEIVING/STORES	ADMITTING	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS	2,103,847					5.01
5.02	00540	INFORMATION SYSTEMS	119,341	32,434,649				5.02
5.03	00550	PURCHASING/RECEIVING/STORES	9,777	108,446	1,598,898			5.03
5.04	00570	ADMITTING	35,658	490,362	9	-8,288,511		5.04
5.05	00560	PATIENT ACCOUNTING	32,783	3,267,512	0	0	25,546,368	5.05
5.06	00590	OTHER ADMIN & GENERAL	180,305	1,650,258	19,467	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	21,280	216,891	29,105	0	0	6.00
7.00	00700	OPERATION OF PLANT	76,206	122,591	7,225	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,314	0	18,791	0	0	8.00
9.00	00900	HOUSEKEEPING	10,640	80,155	4,006	0	0	9.00
10.00	01000	DIETARY	24,443	61,295	316	0	0	10.00
11.00	01100	CAFETERIA	0	94,300	488	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	29,619	513,938	1,528	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,477	155,596	0	0	0	14.00
15.00	01500	PHARMACY	27,319	867,564	295,378	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	25,594	976,010	0	0	0	16.00
20.00	02000	NURSING SCHOOL	20,705	763,834	535	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,438	23,575	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	863	18,860	0	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	3	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	23,575	8	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	407,769	8,076,837	29,928	0	1,732,478	30.00
31.00	03100	INTENSIVE CARE UNIT	81,957	1,645,543	28,383	0	597,900	31.00
35.00	02040	HIGH RISK NEONATAL	52,050	570,518	1,895	0	766,269	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	127,306	1,354	0	64,779	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	162,476	3,008,185	0	0	2,742,026	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	8,052	471,502	2,268	0	243,981	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	10,640	447,927	1,450	0	253,799	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	575	650,673	16,551	0	331,511	52.00
53.00	05300	ANESTHESIOLOGY	19,555	546,943	18,027	0	689,236	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	62,115	622,383	3,317	0	1,066,567	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,627	273,471	33	0	111,287	55.00
56.00	05600	RADIOISOTOPE	8,627	117,876	10,741	0	247,777	56.00
57.00	05700	CT SCAN	4,026	33,005	1,976	0	1,793,158	57.00
58.00	05800	MRI	3,451	80,155	1,353	0	332,274	58.00
59.00	05900	CARDIAC CATHETERIZATION	50,612	377,202	0	0	3,274,142	59.00
60.00	06000	LABORATORY	58,089	876,994	54,128	0	1,885,543	60.00
65.00	06500	RESPIRATORY THERAPY	10,640	221,606	5,634	0	747,013	65.00
66.00	06600	PHYSICAL THERAPY	52,337	891,140	861	0	418,797	66.00
69.00	06900	ELECTROCARDIOLOGY	35,083	301,762	2,244	0	1,142,853	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,477	75,440	0	0	217,516	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	537,735	0	1,277,105	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	426,066	0	1,418,961	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,337,099	73.00
74.00	07400	RENAL DIALYSIS	2,588	47,150	3,726	0	77,779	74.00
76.00	03020	OTHER ANCILLARY	18,692	155,596	0	0	164,513	76.00
76.97	07697	CARDIAC REHABILITATION	3,163	94,300	234	0	30,371	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	8,627	226,321	1,456	0	66,438	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	87,133	1,551,243	19,233	0	1,310,896	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	46,874	943,005	1,360	0	106,673	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,301	0	1,868	0	48,742	116.00
117.00	06950	HOME INFUSION	3,163	108,446	25,229	0	48,885	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,844,461	31,977,291	1,573,909	0	25,546,368	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,588	0	2,787	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	164,201	311,192	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			COMMUNICATIONS	INFORMATION SYSTEMS	PURCHASING/REC EIVING/STORES	ADMITTING	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
194.00	07950	NON REIMBURSABLE-OTHER	88,283	99,016	620	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	4,314	47,150	2,184	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	0	19,398	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	-8,288,511	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,103,847	32,434,649	1,598,898	-8,288,511	25,546,368	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description		Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A.05	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS - CON					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	COMMUNICATIONS					5.01
5.02	00540	INFORMATION SYSTEMS					5.02
5.03	00550	PURCHASING/RECEIVING/STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00560	PATIENT ACCOUNTING					5.05
5.06	00590	OTHER ADMIN & GENERAL	30,970,389	30,970,389			5.06
6.00	00600	MAINTENANCE & REPAIRS	13,799,147	994,298	14,793,445		6.00
7.00	00700	OPERATION OF PLANT	20,108,065	1,448,887	3,913,267	25,470,219	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,387,554	244,090	9,967	1,994,327	5,635,938
9.00	00900	HOUSEKEEPING	4,895,695	352,759	181,059	331,010	0
10.00	01000	DIETARY	2,252,249	162,286	106,864	452,484	0
11.00	01100	CAFETERIA	3,425,892	246,853	165,002	698,042	0
13.00	01300	NURSING ADMINISTRATION	5,979,180	430,830	106,587	658,980	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,815,535	130,818	621,527	1,615,484	88
15.00	01500	PHARMACY	11,111,598	800,646	78,902	342,472	9,516
16.00	01600	MEDICAL RECORDS & LIBRARY	9,622,674	693,362	15,504	319,042	0
20.00	02000	NURSING SCHOOL	1,445,107	104,127	65,060	938,337	402
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	7,986,649	575,478	554	0	27,936
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	17,182,939	1,238,117	0	508,737	0
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	25,859	1,863	0	19,102	0
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0
23.03	02303	PARAMED ED (PHARMACY)	512,653	36,939	0	0	0
23.04	02304	PARAMED ED (PASTORAL CARE)	131,741	9,493	0	11,344	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	50,979,109	3,673,152	1,115,149	3,772,762	717,935
31.00	03100	INTENSIVE CARE UNIT	18,878,575	1,360,296	308,410	1,176,099	182,387
35.00	02040	HIGH RISK NEONATAL	11,731,500	845,313	330,281	545,966	96,256
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	1,370,271	98,735	33,776	113,949	23,139
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	29,511,932	2,126,482	2,378,413	1,991,442	299,550
50.01	05001	GASTRODIAGNOSTIC UNIT	2,803,117	201,979	108,525	224,195	20,953
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0
51.00	05100	RECOVERY ROOM	3,568,825	257,152	109,355	471,001	54,344
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,011,361	505,204	217,050	574,697	127,756
53.00	05300	ANESTHESIOLOGY	3,376,957	243,327	2,849,334	30,563	5,678
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,386,431	604,284	197,117	712,193	108,757
55.00	05500	RADIOLOGY-THERAPEUTIC	1,250,034	90,071	24,363	0	4,319
56.00	05600	RADIOISOTOPE	1,833,453	132,109	34,606	289,805	4,224
57.00	05700	CT SCAN	3,310,529	238,540	28,515	102,527	0
58.00	05800	MRI	1,706,516	122,963	23,532	120,070	0
59.00	05900	CARDIAC CATHETERIZATION	15,435,067	1,112,174	272,420	1,256,600	112,228
60.00	06000	LABORATORY	19,374,871	1,396,056	218,157	726,500	1,192
65.00	06500	RESPIRATORY THERAPY	6,110,357	440,282	388,973	129,270	879
66.00	06600	PHYSICAL THERAPY	8,789,391	633,320	27,962	67,208	17,694
69.00	06900	ELECTROCARDIOLOGY	5,528,655	398,367	134,272	1,010,691	37,500
70.00	07000	ELECTROENCEPHALOGRAPHY	1,435,132	103,408	34,329	68,377	11,770
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,687,150	2,427,328	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,020,807	2,091,094	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	20,455,865	1,473,947	0	0	0
74.00	07400	RENAL DIALYSIS	1,974,738	142,290	24,916	63,855	3,183
76.00	03020	OTHER ANCILLARY	3,678,503	265,055	28,515	108,102	0
76.97	07697	CARDIAC REHABILITATION	914,812	65,917	122,644	222,909	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,152,673	83,056	15,780	104,827	11,722
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	13,314,593	959,383	259,962	678,745	300,069
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0				
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	7,926,162	571,120	27,962	178,740	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	1,932,549	139,250	2,492	59,567	203,158
117.00	06950	HOME INFUSION	3,490,818	251,531	98,558	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	454,593,679	30,524,031	14,679,661	22,690,021	2,382,635
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	428,117	30,848	3,322	252,146	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,495,047	179,781	7,198	2,186,906	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A.05	5.06	6.00	7.00	8.00	
194.00	07950	NON REIMBURSABLE-OTHER	1,415,771	102,013	91,083	266,921	3,253,303	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	50,969	3,673	12,181	74,225	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	1,804,775	130,043	0	0	0	194.02
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	-8,288,511	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	452,499,847	30,970,389	14,793,445	25,470,219	5,635,938	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	5,760,523					9.00
10.00	01000	DIETARY	362,481	3,336,364				10.00
11.00	01100	CAFETERIA	0	0	4,535,789			11.00
13.00	01300	NURSING ADMINISTRATION	171,055	0	85,187	7,431,819		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	552,507	0	45,081	0	4,781,040	14.00
15.00	01500	PHARMACY	117,001	0	142,312	359,430	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
20.00	02000	NURSING SCHOOL	172,133	0	59,729	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	138,288	0	299,435	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,023	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	6,683	0	0	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	13,485	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	3,772	0	2,650	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,251,547	2,666,152	1,062,446	2,683,362	0	30.00
31.00	03100	INTENSIVE CARE UNIT	374,176	532,426	338,378	854,622	0	31.00
35.00	02040	HIGH RISK NEONATAL	123,091	0	218,921	552,915	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	6,629	0	27,016	68,234	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,042	0	425,356	1,074,297	0	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	75,180	0	31,015	78,334	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	131,929	0	55,986	141,400	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	61,330	98,239	136,849	345,630	0	52.00
53.00	05300	ANESTHESIOLOGY	10,725	0	15,136	38,227	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	222,576	0	121,643	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	7,696	19,437	0	55.00
56.00	05600	RADIOISOTOPE	80,300	0	15,973	0	0	56.00
57.00	05700	CT SCAN	35,946	0	29,481	0	0	57.00
58.00	05800	MRI	35,084	0	17,530	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	254,535	20,637	148,543	0	0	59.00
60.00	06000	LABORATORY	231,199	0	241,915	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	33,090	0	135,268	0	0	65.00
66.00	06600	PHYSICAL THERAPY	20,317	0	153,937	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	308,751	0	88,861	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	23,012	0	25,459	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,211,266	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,569,774	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	20,641	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	24,575	0	83,258	210,279	0	76.00
76.97	07697	CARDIAC REHABILITATION	51,360	0	17,461	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	24,737	0	15,345	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	224,031	18,910	238,218	601,653	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	137,151	346,394	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	22,808	57,605	0	116.00
117.00	06950	HOME INFUSION	0	0	23,227	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,170,723	3,336,364	4,483,779	7,431,819	4,781,040	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	47,102	0	3,650	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	453,560	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	89,138	0	21,832	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	17,065	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	0	9,463	0	0	194.02
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)	5,760,523	3,336,364	4,535,789	7,431,819	4,781,040	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/29/2020 8:20 pm

						11/29/2020 8:20 pm		
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALAR	SERVICES-OTHER	
						Y & FRINGES APPRV	PRGM COSTS APPRV	
			15.00	16.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	12,961,877					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10,650,582				16.00
20.00	02000	NURSING SCHOOL	0	0	2,784,895			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		9,028,340		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			18,930,816	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	0				23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0				23.01
23.02	02302	PARAMED ED (ENDT)	0	0				23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0				23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0				23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	77,915	5,989,156	1,142,709	3,198,534	6,706,752	30.00
31.00	03100	INTENSIVE CARE UNIT	43,568	568,925	1,242,064	0	0	31.00
35.00	02040	HIGH RISK NEONATAL	3,953	229,274	26,254	197,992	415,155	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	295,997	23,680	204,967	429,779	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	69,800	0	0	2,587,063	5,424,609	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0	39,382	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	6,837	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,782	0	119,303	1,203,310	2,523,126	52.00
53.00	05300	ANESTHESIOLOGY	112,753	0	0	25,424	53,310	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	466,745	978,680	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	44,211	92,702	56.00
57.00	05700	CT SCAN	0	0	0	39,767	83,385	57.00
58.00	05800	MRI	0	0	0	79,534	166,770	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	39,382	18,224	38,213	59.00
60.00	06000	LABORATORY	120	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	8,997	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	900	1,887	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,806,988	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,087	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	1,942	0	0	12,318	25,829	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	47,443	3,567,230	115,056	949,351	1,990,619	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	46	0	37,065	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	78,192	0	0			116.00
117.00	06950	HOME INFUSION	974,724	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,249,147	10,650,582	2,784,895	9,028,340	18,930,816	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
						15.00	16.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	0	0	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	712,730	0	0	0	0	194.02
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)	12,961,877	10,650,582	2,784,895	9,028,340	18,930,816	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)	PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	
			23.00	23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	53,507					23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)		0				23.01
23.02	02302	PARAMED ED (ENDT)			0			23.02
23.03	02303	PARAMED ED (PHARMACY)				563,077		23.03
23.04	02304	PARAMED ED (PASTORAL CARE)					159,000	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	124,265	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	22,994	31.00
35.00	02040	HIGH RISK NEONATAL	0	0	0	0	489	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	489	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	489	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0	0	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	3,425	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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	489	59.00
60.00	06000	LABORATORY	53,507	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	563,077	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	6,360	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	HOME INFUSION	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	53,507	0	0	563,077	159,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)	PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	
			23.00	23.01	23.02	23.03	23.04	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	0	0	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	0	0	0	0	194.02
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)	53,507	0	0	563,077	159,000	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS - CON				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00580	COMMUNICATIONS				5.01
5.02	00540	INFORMATION SYSTEMS				5.02
5.03	00550	PURCHASING/RECEIVING/STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00560	PATIENT ACCOUNTING				5.05
5.06	00590	OTHER ADMIN & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)				23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)				23.01
23.02	02302	PARAMED ED (ENDT)				23.02
23.03	02303	PARAMED ED (PHARMACY)				23.03
23.04	02304	PARAMED ED (PASTORAL CARE)				23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	85,160,945	-9,905,286	75,255,659	30.00
31.00	03100	INTENSIVE CARE UNIT	25,882,920	0	25,882,920	31.00
35.00	02040	HIGH RISK NEONATAL	15,317,360	-613,147	14,704,213	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
43.00	04300	NURSERY	2,696,661	-634,746	2,061,915	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	45,911,475	-8,011,672	37,899,803	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	3,582,680	0	3,582,680	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	50.02
51.00	05100	RECOVERY ROOM	4,796,829	0	4,796,829	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,938,062	-3,726,436	9,211,626	52.00
53.00	05300	ANESTHESIOLOGY	6,761,434	-78,734	6,682,700	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,798,426	-1,445,425	10,353,001	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,395,920	0	1,395,920	55.00
56.00	05600	RADIOISOTOPE	2,527,383	-136,913	2,390,470	56.00
57.00	05700	CT SCAN	3,868,690	-123,152	3,745,538	57.00
58.00	05800	MRI	2,271,999	-246,304	2,025,695	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,708,512	-56,437	18,652,075	59.00
60.00	06000	LABORATORY	22,243,517	0	22,243,517	60.00
65.00	06500	RESPIRATORY THERAPY	7,247,116	0	7,247,116	65.00
66.00	06600	PHYSICAL THERAPY	9,709,829	0	9,709,829	66.00
69.00	06900	ELECTROCARDIOLOGY	7,507,097	0	7,507,097	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,704,274	-2,787	1,701,487	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	38,325,744	0	38,325,744	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,681,675	0	33,681,675	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,299,877	0	33,299,877	73.00
74.00	07400	RENAL DIALYSIS	2,234,710	0	2,234,710	74.00
76.00	03020	OTHER ANCILLARY	4,438,376	-38,147	4,400,229	76.00
76.97	07697	CARDIAC REHABILITATION	1,395,103	0	1,395,103	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,408,140	0	1,408,140	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	23,271,623	-2,939,970	20,331,653	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	9,224,640	0	9,224,640	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	2,495,621	0	2,495,621	116.00
117.00	06950	HOME INFUSION	4,838,858	0	4,838,858	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	446,645,496	-27,959,156	418,686,340	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	765,185	0	765,185		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,322,492	0	5,322,492		192.00
194.00	07950	NON REIMBURSABLE-OTHER	5,240,061	0	5,240,061		194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	158,113	0	158,113		194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	2,657,011	0	2,657,011		194.02
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	-8,288,511	0	-8,288,511		201.00
202.00		TOTAL (sum lines 118 through 201)	452,499,847	-27,959,156	424,540,691		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			CAPITAL RELATED COSTS			Subtotal	
			BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP		
Directly Assigned New Capital Related Costs							
0			1.00	1.01	2.00	2A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS - CON					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	92,955	0	12,652	105,607
5.01	00580	COMMUNICATIONS	0	38,222	0	1,765,585	1,803,807
5.02	00540	INFORMATION SYSTEMS	8,180,690	234,741	0	4,135	8,419,566
5.03	00550	PURCHASING/RECEIVING/STORES	50	203,147	0	5,791	208,988
5.04	00570	ADMITTING	0	50,051	0	11,209	61,260
5.05	00560	PATIENT ACCOUNTING	0	8,275	0	12,174	20,449
5.06	00590	OTHER ADMIN & GENERAL	839,020	1,809,227	0	453,708	3,101,955
6.00	00600	MAINTENANCE & REPAIRS	0	72,177	0	470,215	542,392
7.00	00700	OPERATION OF PLANT	0	9,817,822	0	615,575	10,433,397
8.00	00800	LAUNDRY & LINEN SERVICE	183,809	663,511	0	350,920	1,198,240
9.00	00900	HOUSEKEEPING	0	110,127	0	3,493	113,620
10.00	01000	DIETARY	0	150,541	0	1,751	152,292
11.00	01100	CAFETERIA	0	232,238	0	2,702	234,940
13.00	01300	NURSING ADMINISTRATION	0	219,242	0	288,450	507,692
14.00	01400	CENTRAL SERVICES & SUPPLY	232,098	537,470	0	53,516	823,084
15.00	01500	PHARMACY	641,981	113,940	0	27,239	783,160
16.00	01600	MEDICAL RECORDS & LIBRARY	0	106,145	0	950	107,095
20.00	02000	NURSING SCHOOL	0	0	49,582	186,361	235,943
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	169,256	0	0	169,256
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	6,355	0	0	6,355
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0
23.03	02303	PARAMED ED (PHARMACY)	0	0	0	0	0
23.04	02304	PARAMED ED (PASTORAL CARE)	0	3,774	0	0	3,774
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,500	1,255,195	0	802,988	2,063,683
31.00	03100	INTENSIVE CARE UNIT	8,000	391,287	0	577,745	977,032
35.00	02040	HIGH RISK NEONATAL	0	181,643	0	148,954	330,597
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	0	37,911	0	20,608	58,519
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	119,130	662,551	0	3,776,769	4,558,450
50.01	05001	GASTRODIAGNOSTIC UNIT	0	74,590	0	389,453	464,043
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	156,702	0	164,827	321,529
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	191,201	0	103,934	295,135
53.00	05300	ANESTHESIOLOGY	260	10,168	0	376,468	386,896
54.00	05400	RADIOLOGY-DIAGNOSTIC	115,221	236,946	0	1,304,046	1,656,213
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	354,990	354,990
56.00	05600	RADIOISOTOPE	0	96,418	0	1,275	97,693
57.00	05700	CT SCAN	0	34,111	0	364,331	398,442
58.00	05800	MRI	0	39,947	0	526,471	566,418
59.00	05900	CARDIAC CATHETERIZATION	0	418,070	0	2,282,715	2,700,785
60.00	06000	LABORATORY	178,897	241,706	0	177,397	598,000
65.00	06500	RESPIRATORY THERAPY	54,493	43,008	0	180,781	278,282
66.00	06600	PHYSICAL THERAPY	0	22,360	0	28,443	50,803
69.00	06900	ELECTROCARDIOLOGY	168,476	336,256	0	441,720	946,452
70.00	07000	ELECTROENCEPHALOGRAPHY	5,832	22,749	0	99,418	127,999
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	26,785	21,245	0	422	48,452
76.00	03020	OTHER ANCILLARY	0	35,965	0	3,277	39,242
76.97	07697	CARDIAC REHABILITATION	0	74,162	0	43,731	117,893
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	34,876	0	17,579	52,455
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	287,114	225,818	0	227,684	740,616
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	59,467	0	9,609	69,076
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	19,818	0	0	19,818
117.00	06950	HOME INFUSION	4,040	0	0	32,706	36,746

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
				BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP		
			0	1.00	1.01	2.00	2A	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,051,396	19,563,386	49,582	16,724,767	47,389,131	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	83,889	0	32	83,921	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	727,582	0	12,692	740,274	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	88,804	0	20,603	109,407	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	24,695	0	0	24,695	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	0	0	528	528	194.02
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	11,051,396	20,488,356	49,582	16,758,622	48,347,956	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	INFORMATION SYSTEMS	PURCHASING/REC EIVING/STORES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	105,607					4.00
5.01	00580	COMMUNICATIONS	0	1,803,807				5.01
5.02	00540	INFORMATION SYSTEMS	0	102,321	8,521,887			5.02
5.03	00550	PURCHASING/RECEIVING/STORES	414	8,383	28,493	246,278		5.03
5.04	00570	ADMITTING	0	30,573	128,838	1	220,672	5.04
5.05	00560	PATIENT ACCOUNTING	0	28,107	858,507	0	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	9,935	154,591	433,589	2,999	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,742	18,245	56,986	4,484	0	6.00
7.00	00700	OPERATION OF PLANT	1,670	65,337	32,209	1,113	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	456	3,698	0	2,895	0	8.00
9.00	00900	HOUSEKEEPING	1,679	9,123	21,060	617	0	9.00
10.00	01000	DIETARY	764	20,957	16,105	49	0	10.00
11.00	01100	CAFETERIA	1,195	0	24,777	75	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,369	25,395	135,032	235	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	450	6,410	40,881	0	0	14.00
15.00	01500	PHARMACY	3,826	23,423	227,944	45,504	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	21,944	256,437	0	0	16.00
20.00	02000	NURSING SCHOOL	1,597	17,752	200,690	82	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,908	1,233	6,194	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	47	0	0	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	740	4,955	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	262	0	0	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	57	0	6,194	1	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,887	349,616	2,122,110	4,610	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,031	70,269	432,350	4,372	0	31.00
35.00	02040	HIGH RISK NEONATAL	5,207	44,627	149,898	292	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	537	0	33,448	209	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,334	139,304	790,371	0	0	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	640	6,904	123,883	349	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	1,351	9,123	117,689	223	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,743	493	170,958	2,550	0	52.00
53.00	05300	ANESTHESIOLOGY	157	16,766	143,704	2,777	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,376	53,256	163,525	511	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	216	7,397	71,852	5	0	55.00
56.00	05600	RADIOISOTOPE	357	7,397	30,971	1,655	0	56.00
57.00	05700	CT SCAN	564	3,452	8,672	304	0	57.00
58.00	05800	MRI	394	2,959	21,060	209	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,256	43,394	99,106	0	0	59.00
60.00	06000	LABORATORY	3,610	49,804	230,422	8,339	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,572	9,123	58,225	868	0	65.00
66.00	06600	PHYSICAL THERAPY	3,595	44,873	234,138	133	0	66.00
69.00	06900	ELECTROCARDIOLOGY	1,894	30,080	79,285	346	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	445	6,410	19,821	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	82,804	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	65,637	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,219	12,388	574	0	74.00
76.00	03020	OTHER ANCILLARY	1,568	16,026	40,881	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	379	2,712	24,777	36	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	295	7,397	59,464	224	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,385	74,707	407,574	2,963	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,390	40,189	247,765	209	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	474	1,972	0	288	0	116.00
117.00	06950	HOME INFUSION	553	2,712	28,493	3,887	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	104,581	1,581,413	8,401,721	242,429	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	75	2,219	0	429	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	INFORMATION SYSTEMS	PURCHASING/REC EIVING/STORES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	140,784	81,763	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	378	75,693	26,015	96	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	346	3,698	12,388	336	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	227	0	0	2,988	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	220,672	201.00
202.00		TOTAL (sum lines 118 through 201)	105,607	1,803,807	8,521,887	246,278	220,672	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			PATIENT ACCOUNTING	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING	907,063					5.05
5.06	00590	OTHER ADMIN & GENERAL	0	3,703,069				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	118,880	743,729			6.00
7.00	00700	OPERATION OF PLANT	0	173,231	196,735	10,903,692		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	29,184	501	853,763	2,088,737	8.00
9.00	00900	HOUSEKEEPING	0	42,176	9,103	141,704	0	9.00
10.00	01000	DIETARY	0	19,403	5,372	193,706	0	10.00
11.00	01100	CAFETERIA	0	29,514	8,295	298,829	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	51,511	5,359	282,107	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	15,641	31,247	691,582	33	14.00
15.00	01500	PHARMACY	0	95,726	3,967	146,611	3,527	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	82,899	779	136,581	0	16.00
20.00	02000	NURSING SCHOOL	0	12,450	3,271	401,698	149	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	68,805	28	0	10,353	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	148,031	0	217,788	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	223	0	8,177	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	4,417	0	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	1,135	0	4,856	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	61,507	439,373	56,063	1,615,106	266,074	30.00
31.00	03100	INTENSIVE CARE UNIT	21,227	162,639	15,505	503,483	67,594	31.00
35.00	02040	HIGH RISK NEONATAL	27,204	101,067	16,605	233,726	35,673	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	2,300	11,805	1,698	48,781	8,576	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	97,349	254,245	119,573	852,528	111,016	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	8,662	24,149	5,456	95,977	7,765	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	9,010	30,745	5,498	201,633	20,140	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,769	60,403	10,912	246,025	47,348	52.00
53.00	05300	ANESTHESIOLOGY	24,470	29,092	143,248	13,084	2,104	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,866	72,249	9,910	304,887	40,306	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,951	10,769	1,225	0	1,601	55.00
56.00	05600	RADIOISOTOPE	8,797	15,795	1,740	124,064	1,565	56.00
57.00	05700	CT SCAN	63,662	28,520	1,434	43,891	0	57.00
58.00	05800	MRI	11,797	14,702	1,183	51,401	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	116,344	132,973	13,696	537,945	41,593	59.00
60.00	06000	LABORATORY	66,941	166,915	10,968	311,011	442	60.00
65.00	06500	RESPIRATORY THERAPY	26,521	52,641	19,555	55,340	326	65.00
66.00	06600	PHYSICAL THERAPY	14,868	75,721	1,406	28,771	6,557	66.00
69.00	06900	ELECTROCARDIOLOGY	40,574	47,629	6,750	432,672	13,898	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,722	12,364	1,726	29,272	4,362	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	45,340	290,215	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	50,377	250,014	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	82,973	176,227	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,761	17,012	1,253	27,336	1,180	74.00
76.00	03020	OTHER ANCILLARY	5,841	31,690	1,434	46,278	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,078	7,881	6,166	95,426	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,359	9,930	793	44,876	4,344	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	46,540	114,705	13,069	290,568	111,209	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
101.00	10100	HOME HEALTH AGENCY	3,787	68,284	1,406	76,518	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,730	16,649	125	25,500	75,292	116.00
117.00	06950	HOME INFUSION	1,736	30,073	4,955	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	907,063	3,649,702	738,009	9,713,501	883,027	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,688	167	107,943	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	21,495	362	936,205	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			PATIENT ACCOUNTING	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5.06	6.00	7.00	8.00	
194.00	07950	NON REIMBURSABLE-OTHER	0	12,197	4,579	114,268	1,205,710	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	439	612	31,775	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	15,548	0	0	0	194.02
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)	907,063	3,703,069	743,729	10,903,692	2,088,737	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	339,082					9.00
10.00	01000	DIETARY	21,337	429,985				10.00
11.00	01100	CAFETERIA	0	0	597,625			11.00
13.00	01300	NURSING ADMINISTRATION	10,069	0	11,224	1,030,993		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	32,522	0	5,940	0	1,647,790	14.00
15.00	01500	PHARMACY	6,887	0	18,751	49,863	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
20.00	02000	NURSING SCHOOL	10,132	0	7,870	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	8,140	0	39,453	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	135	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	393	0	0	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	1,777	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	222	0	349	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	73,670	343,609	139,984	372,256	0	30.00
31.00	03100	INTENSIVE CARE UNIT	22,025	68,618	44,584	118,559	0	31.00
35.00	02040	HIGH RISK NEONATAL	7,245	0	28,844	76,704	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	390	0	3,560	9,466	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,297	0	56,044	149,034	0	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	4,425	0	4,087	10,867	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	7,766	0	7,377	19,616	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,610	12,661	18,031	47,948	0	52.00
53.00	05300	ANESTHESIOLOGY	631	0	1,994	5,303	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,102	0	16,027	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,014	2,696	0	55.00
56.00	05600	RADIOISOTOPE	4,727	0	2,105	0	0	56.00
57.00	05700	CT SCAN	2,116	0	3,884	0	0	57.00
58.00	05800	MRI	2,065	0	2,310	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,983	2,660	19,572	0	0	59.00
60.00	06000	LABORATORY	13,609	0	31,874	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,948	0	17,823	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,196	0	20,282	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	18,174	0	11,708	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,355	0	3,354	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	762,118	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	885,672	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,215	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	1,447	0	10,970	29,171	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,023	0	2,301	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,456	0	2,022	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	13,187	2,437	31,387	83,465	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	18,071	48,054	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	3,005	7,991	0	116.00
117.00	06950	HOME INFUSION	0	0	3,060	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	304,364	429,985	590,773	1,030,993	1,647,790	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,773	0	481	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,698	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	5,247	0	2,876	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	2,248	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	0	1,247	0	0	194.02
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)	339,082	429,985	597,625	1,030,993	1,647,790	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
						21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	1,409,189					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	605,735				16.00
20.00	02000	NURSING SCHOOL	0	0	855,350			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		139,114		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			535,257	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	0				23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0				23.01
23.02	02302	PARAMED ED (ENDT)	0	0				23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0				23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0				23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,471	340,623				30.00
31.00	03100	INTENSIVE CARE UNIT	4,737	32,357				31.00
35.00	02040	HIGH RISK NEONATAL	430	13,040				35.00
40.00	04000	SUBPROVIDER - IPF	0	0				40.00
43.00	04300	NURSERY	0	16,834				43.00
44.00	04400	SKILLED NURSING FACILITY	0	0				44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,588	0				50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0				50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0				50.02
51.00	05100	RECOVERY ROOM	743	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,172	0				52.00
53.00	05300	ANESTHESIOLOGY	12,258	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0				54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0				55.00
56.00	05600	RADIOISOTOPE	0	0				56.00
57.00	05700	CT SCAN	0	0				57.00
58.00	05800	MRI	0	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0				59.00
60.00	06000	LABORATORY	13	0				60.00
65.00	06500	RESPIRATORY THERAPY	978	0				65.00
66.00	06600	PHYSICAL THERAPY	0	0				66.00
69.00	06900	ELECTROCARDIOLOGY	0	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,174,915	0				73.00
74.00	07400	RENAL DIALYSIS	553	0				74.00
76.00	03020	OTHER ANCILLARY	211	0				76.00
76.97	07697	CARDIAC REHABILITATION	0	0				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0				76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,158	202,881				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	5	0				101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0				113.00
116.00	11600	HOSPICE	8,501	0				116.00
117.00	06950	HOME INFUSION	105,970	0				117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,331,703	605,735	0	0	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
						15.00	16.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	0				194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0				194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	77,486	0				194.02
200.00		Cross Foot Adjustments			855,350	139,114	535,257	200.00
201.00		Negative Cost Centers	0	0	36,284	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,409,189	605,735	891,634	139,114	535,257	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)	PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	
			23.00	23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	20,758					23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)		0				23.01
23.02	02302	PARAMED ED (ENDT)			0			23.02
23.03	02303	PARAMED ED (PHARMACY)				6,456		23.03
23.04	02304	PARAMED ED (PASTORAL CARE)					16,588	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
35.00	02040	HIGH RISK NEONATAL						35.00
40.00	04000	SUBPROVIDER - IPF						40.00
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
50.01	05001	GASTRODIAGNOSTIC UNIT						50.01
50.02	05002	PAIN MANAGEMENT CENTER						50.02
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
58.00	05800	MRI						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	OTHER ANCILLARY						76.00
76.97	07697	CARDIAC REHABILITATION						76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY						76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						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
117.00	06950	HOME INFUSION						117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)	PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	
			23.00	23.01	23.02	23.03	23.04	
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
194.00	07950	NON REIMBURSABLE-OTHER						194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT						194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY						194.02
200.00		Cross Foot Adjustments	20,758	0	0	6,456	16,588	200.00
201.00		Negative Cost Centers	85	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	20,843	0	0	6,456	16,588	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS - CON				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00580	COMMUNICATIONS				5.01
5.02	00540	INFORMATION SYSTEMS				5.02
5.03	00550	PURCHASING/RECEIVING/STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00560	PATIENT ACCOUNTING				5.05
5.06	00590	OTHER ADMIN & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)				23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)				23.01
23.02	02302	PARAMED ED (ENDT)				23.02
23.03	02303	PARAMED ED (PHARMACY)				23.03
23.04	02304	PARAMED ED (PASTORAL CARE)				23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,273,642	0	8,273,642	30.00
31.00	03100	INTENSIVE CARE UNIT	2,551,382	0	2,551,382	31.00
35.00	02040	HIGH RISK NEONATAL	1,071,159	0	1,071,159	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
43.00	04300	NURSERY	196,123	0	196,123	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,145,133	0	7,145,133	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	757,207	0	757,207	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	50.02
51.00	05100	RECOVERY ROOM	752,443	0	752,443	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	931,758	0	931,758	52.00
53.00	05300	ANESTHESIOLOGY	782,484	0	782,484	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,370,228	0	2,370,228	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	455,716	0	455,716	55.00
56.00	05600	RADIOISOTOPE	296,866	0	296,866	56.00
57.00	05700	CT SCAN	554,941	0	554,941	57.00
58.00	05800	MRI	674,498	0	674,498	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,726,307	0	3,726,307	59.00
60.00	06000	LABORATORY	1,491,948	0	1,491,948	60.00
65.00	06500	RESPIRATORY THERAPY	524,202	0	524,202	65.00
66.00	06600	PHYSICAL THERAPY	482,343	0	482,343	66.00
69.00	06900	ELECTROCARDIOLOGY	1,629,462	0	1,629,462	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	214,830	0	214,830	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,180,477	0	1,180,477	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,251,700	0	1,251,700	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,434,115	0	1,434,115	73.00
74.00	07400	RENAL DIALYSIS	114,943	0	114,943	74.00
76.00	03020	OTHER ANCILLARY	224,759	0	224,759	76.00
76.97	07697	CARDIAC REHABILITATION	261,672	0	261,672	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	185,615	0	185,615	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	2,144,851	0	2,144,851	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	576,754	0	576,754	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	161,345	0	161,345	116.00
117.00	06950	HOME INFUSION	218,185	0	218,185	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	42,637,088	0	42,637,088	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	201,696	0	201,696		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,947,581	0	1,947,581		192.00
194.00	07950	NON REIMBURSABLE-OTHER	1,556,466	0	1,556,466		194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	76,537	0	76,537		194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	98,024	0	98,024		194.02
200.00		Cross Foot Adjustments	1,573,523	0	1,573,523		200.00
201.00		Negative Cost Centers	257,041	0	257,041		201.00
202.00		TOTAL (sum lines 118 through 201)	48,347,956	0	48,347,956		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)	
			BLDG & FIXT (SQUARE FEET)	CAP REL COSTS - CON (SQUARE FOOTAGE)	MVBLE EQUIP (DOLLAR VALUE)			
			1.00	1.01	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,579,693					1.00
1.01	00101	CAP REL COSTS - CON	0	24,070				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			12,536,291			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,167	0	9,464	151,574,115		4.00
5.01	00580	COMMUNICATIONS	2,947	0	1,320,746	0	7,316	5.01
5.02	00540	INFORMATION SYSTEMS	18,099	0	3,093	0	415	5.02
5.03	00550	PURCHASING/RECEIVING/STORES	15,663	0	4,332	593,556	34	5.03
5.04	00570	ADMITTING	3,859	0	8,385	0	124	5.04
5.05	00560	PATIENT ACCOUNTING	638	0	9,107	0	114	5.05
5.06	00590	OTHER ADMIN & GENERAL	139,495	0	339,396	14,253,482	627	5.06
6.00	00600	MAINTENANCE & REPAIRS	5,565	0	351,744	3,934,197	74	6.00
7.00	00700	OPERATION OF PLANT	756,974	0	460,481	2,396,548	265	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	51,158	0	262,506	654,493	15	8.00
9.00	00900	HOUSEKEEPING	8,491	0	2,613	2,408,856	37	9.00
10.00	01000	DIETARY	11,607	0	1,310	1,096,379	85	10.00
11.00	01100	CAFETERIA	17,906	0	2,021	1,714,464	0	11.00
13.00	01300	NURSING ADMINISTRATION	16,904	0	215,775	3,398,225	103	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	41,440	0	40,033	645,505	26	14.00
15.00	01500	PHARMACY	8,785	0	20,376	5,489,081	95	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,184	0	711	0	89	16.00
20.00	02000	NURSING SCHOOL	0	24,070	139,407	2,290,567	72	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	7,041,527	5	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	13,050	0	0	67,745	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	490	0	0	0	3	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	0	375,546	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	291	0	0	82,487	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	96,778	0	600,675	24,284,520	1,418	30.00
31.00	03100	INTENSIVE CARE UNIT	30,169	0	432,182	8,652,733	285	31.00
35.00	02040	HIGH RISK NEONATAL	14,005	0	111,425	7,470,622	181	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	2,923	0	15,416	769,901	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	51,084	0	2,825,214	11,957,606	565	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	5,751	0	291,330	918,469	28	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	12,082	0	123,299	1,939,023	37	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,742	0	77,748	3,934,981	2	52.00
53.00	05300	ANESTHESIOLOGY	784	0	281,617	225,282	68	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,269	0	975,492	3,408,351	216	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	265,550	310,523	30	55.00
56.00	05600	RADIOISOTOPE	7,434	0	954	511,657	30	56.00
57.00	05700	CT SCAN	2,630	0	272,538	809,542	14	57.00
58.00	05800	MRI	3,080	0	393,827	565,813	12	58.00
59.00	05900	CARDIAC CATHETERIZATION	32,234	0	1,707,585	4,671,386	176	59.00
60.00	06000	LABORATORY	18,636	0	132,702	5,179,873	202	60.00
65.00	06500	RESPIRATORY THERAPY	3,316	0	135,233	3,689,803	37	65.00
66.00	06600	PHYSICAL THERAPY	1,724	0	21,277	5,157,679	182	66.00
69.00	06900	ELECTROCARDIOLOGY	25,926	0	330,429	2,717,791	122	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,754	0	74,370	638,316	26	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,638	0	316	0	9	74.00
76.00	03020	OTHER ANCILLARY	2,773	0	2,451	2,249,814	65	76.00
76.97	07697	CARDIAC REHABILITATION	5,718	0	32,713	544,057	11	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,689	0	13,150	423,354	30	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	17,411	0	170,319	6,291,744	303	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,585	0	7,188	4,863,345	163	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,528	0	0	680,065	8	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)	
			BLDG & FIXT (SQUARE FEET)	CAP REL COSTS - CON (SQUARE FOOTAGE)	MVBLE EQUIP (DOLLAR VALUE)			
			1.00	1.01	2.00			
117.00	06950	HOME INFUSION	0	0	24,466	792,972	11	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,508,376	24,070	12,510,966	150,101,880	6,414	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,468	0	24	107,747	9	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	56,098	0	9,494	9	571	192.00
194.00	07950	NON REIMBURSABLE-OTHER	6,847	0	15,412	542,525	307	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	1,904	0	0	496,711	15	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	0	395	325,243	0	194.02
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)	20,488,356	49,582	16,758,622	35,880,967	2,103,847	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.969834	2.059909	1.336809	0.236722	287.567933	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				105,607	1,803,807	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000697	246.556452	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: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description		INFORMATION SYSTEMS (PIECES OF EQUIPMENT)	PURCHASING/REC EIVING/STORES (SUPPLIES)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	
		5.02	5.03	5.04	5.05	5A.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS - CON					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	COMMUNICATIONS					5.01
5.02	00540	INFORMATION SYSTEMS	6,879				5.02
5.03	00550	PURCHASING/RECEIVING/STORES	23	100,168,792			5.03
5.04	00570	ADMITTING	104	591	1,942,125,639		5.04
5.05	00560	PATIENT ACCOUNTING	693	8	0	1,942,125,639	5.05
5.06	00590	OTHER ADMIN & GENERAL	350	1,219,564	0	0	-30,970,389
6.00	00600	MAINTENANCE & REPAIRS	46	1,823,408	0	0	0
7.00	00700	OPERATION OF PLANT	26	452,636	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,177,258	0	0	0
9.00	00900	HOUSEKEEPING	17	250,951	0	0	0
10.00	01000	DIETARY	13	19,820	0	0	0
11.00	01100	CAFETERIA	20	30,574	0	0	0
13.00	01300	NURSING ADMINISTRATION	109	95,718	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	33	0	0	0	0
15.00	01500	PHARMACY	184	18,505,071	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	207	0	0	0	0
20.00	02000	NURSING SCHOOL	162	33,515	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	4	0	0	0	0
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0
23.03	02303	PARAMED ED (PHARMACY)	0	195	0	0	0
23.04	02304	PARAMED ED (PASTORAL CARE)	5	512	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,713	1,874,945	131,707,322	131,707,322	0
31.00	03100	INTENSIVE CARE UNIT	349	1,778,130	45,453,850	45,453,850	0
35.00	02040	HIGH RISK NEONATAL	121	118,721	58,253,652	58,253,652	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	27	84,854	4,924,678	4,924,678	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	638	0	208,455,671	208,455,671	0
50.01	05001	GASTRODIAGNOSTIC UNIT	100	142,088	18,548,044	18,548,044	0
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0
51.00	05100	RECOVERY ROOM	95	90,819	19,294,411	19,294,411	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	138	1,036,918	25,202,283	25,202,283	0
53.00	05300	ANESTHESIOLOGY	116	1,129,348	52,397,456	52,397,456	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	132	207,785	81,083,086	81,083,086	0
55.00	05500	RADIOLOGY-THERAPEUTIC	58	2,083	8,460,318	8,460,318	0
56.00	05600	RADIOISOTOPE	25	672,913	18,836,643	18,836,643	0
57.00	05700	CT SCAN	7	123,772	136,320,350	136,320,350	0
58.00	05800	MRI	17	84,791	25,260,279	25,260,279	0
59.00	05900	CARDIAC CATHETERIZATION	80	0	248,935,359	248,935,359	0
60.00	06000	LABORATORY	186	3,391,068	143,343,662	143,343,662	0
65.00	06500	RESPIRATORY THERAPY	47	352,942	56,789,785	56,789,785	0
66.00	06600	PHYSICAL THERAPY	189	53,960	31,838,003	31,838,003	0
69.00	06900	ELECTROCARDIOLOGY	64	140,586	86,882,521	86,882,521	0
70.00	07000	ELECTROENCEPHALOGRAPHY	16	0	16,536,101	16,536,101	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	33,688,154	97,088,684	97,088,684	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	26,692,495	107,872,959	107,872,959	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	177,672,147	177,672,147	0
74.00	07400	RENAL DIALYSIS	10	233,436	5,912,983	5,912,983	0
76.00	03020	OTHER ANCILLARY	33	0	12,506,714	12,506,714	0
76.97	07697	CARDIAC REHABILITATION	20	14,673	2,308,867	2,308,867	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	48	91,225	5,050,760	5,050,760	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	329	1,204,917	99,657,598	99,657,598	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	200	85,183	8,109,584	8,109,584	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	117,046	3,705,497	3,705,497	0
117.00	06950	HOME INFUSION	23	1,580,566	3,716,372	3,716,372	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,782	98,603,239	1,942,125,639	1,942,125,639	-30,970,389

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			INFORMATION SYSTEMS (PIECES OF EQUIPMENT)	PURCHASING/REC EIVING/STORES (SUPPLIES)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	174,622	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	66	23	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	21	38,863	0	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	10	136,803	0	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	1,215,242	0	0	0	194.02
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)	32,434,649	1,598,898	-8,288,511	25,546,368		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4,715.023841	0.015962	0.000000	0.013154		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	8,521,887	246,278	220,672	907,063		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1,238.826428	0.002459	0.000114	0.000467		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: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			OTHER ADMIN & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL	429,817,969					5.06
6.00	00600	MAINTENANCE & REPAIRS	13,799,147	53,435				6.00
7.00	00700	OPERATION OF PLANT	20,108,065	14,135	653,356			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,387,554	36	51,158	6,405,964		8.00
9.00	00900	HOUSEKEEPING	4,895,695	654	8,491	0	106,889	9.00
10.00	01000	DIETARY	2,252,249	386	11,607	0	6,726	10.00
11.00	01100	CAFETERIA	3,425,892	596	17,906	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,979,180	385	16,904	0	3,174	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,815,535	2,245	41,440	100	10,252	14.00
15.00	01500	PHARMACY	11,111,598	285	8,785	10,816	2,171	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,622,674	56	8,184	0	0	16.00
20.00	02000	NURSING SCHOOL	1,445,107	235	24,070	457	3,194	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	7,986,649	2	0	31,753	2,566	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	17,182,939	0	13,050	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	25,859	0	490	0	124	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	512,653	0	0	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	131,741	0	291	0	70	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	50,979,109	4,028	96,778	816,025	23,223	30.00
31.00	03100	INTENSIVE CARE UNIT	18,878,575	1,114	30,169	207,306	6,943	31.00
35.00	02040	HIGH RISK NEONATAL	11,731,500	1,193	14,005	109,407	2,284	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	1,370,271	122	2,923	26,301	123	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,511,932	8,591	51,084	340,477	409	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	2,803,117	392	5,751	23,816	1,395	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	3,568,825	395	12,082	61,769	2,448	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,011,361	784	14,742	145,211	1,138	52.00
53.00	05300	ANESTHESIOLOGY	3,376,957	10,292	784	6,454	199	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,386,431	712	18,269	123,616	4,130	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,250,034	88	0	4,909	0	55.00
56.00	05600	RADIOISOTOPE	1,833,453	125	7,434	4,801	1,490	56.00
57.00	05700	CT SCAN	3,310,529	103	2,630	0	667	57.00
58.00	05800	MRI	1,706,516	85	3,080	0	651	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,435,067	984	32,234	127,562	4,723	59.00
60.00	06000	LABORATORY	19,374,871	788	18,636	1,355	4,290	60.00
65.00	06500	RESPIRATORY THERAPY	6,110,357	1,405	3,316	999	614	65.00
66.00	06600	PHYSICAL THERAPY	8,789,391	101	1,724	20,111	377	66.00
69.00	06900	ELECTROCARDIOLOGY	5,528,655	485	25,926	42,624	5,729	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,435,132	124	1,754	13,378	427	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,687,150	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,020,807	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,455,865	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,974,738	90	1,638	3,618	383	74.00
76.00	03020	OTHER ANCILLARY	3,678,503	103	2,773	0	456	76.00
76.97	07697	CARDIAC REHABILITATION	914,812	443	5,718	0	953	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,152,673	57	2,689	13,324	459	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	13,314,593	939	17,411	341,067	4,157	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	7,926,162	101	4,585	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,932,549	9	1,528	230,915	0	116.00
117.00	06950	HOME INFUSION	3,490,818	356	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	423,623,290	53,024	582,039	2,708,171	95,945	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			OTHER ADMIN & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
			5.06	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	428,117	12	6,468	0	874	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,495,047	26	56,098	0	8,416	192.00
194.00	07950	NON REIMBURSABLE-OTHER	1,415,771	329	6,847	3,697,793	1,654	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	50,969	44	1,904	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	1,804,775	0	0	0	0	194.02
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)	30,970,389	14,793,445	25,470,219	5,635,938	5,760,523	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.072055	276.849350	38.983677	0.879795	53.892571	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,703,069	743,729	10,903,692	2,088,737	339,082	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.008615	13.918387	16.688745	0.326061	3.172282	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: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (NUMBER HOUSED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	397,863					10.00
11.00	01100	CAFETERIA	0	195,089				11.00
13.00	01300	NURSING ADMINISTRATION	0	3,664	126,562			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,939	0	58,757,750		14.00
15.00	01500	PHARMACY	0	6,121	6,121	0	21,535,943	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
20.00	02000	NURSING SCHOOL	0	2,569	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	12,879	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	44	0	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	580	0	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	114	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	317,940	45,697	45,697	0	129,454	30.00
31.00	03100	INTENSIVE CARE UNIT	63,492	14,554	14,554	0	72,388	31.00
35.00	02040	HIGH RISK NEONATAL	0	9,416	9,416	0	6,568	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	1,162	1,162	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	18,295	18,295	0	115,971	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	1,334	1,334	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	2,408	2,408	0	11,360	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,715	5,886	5,886	0	17,914	52.00
53.00	05300	ANESTHESIOLOGY	0	651	651	0	187,338	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,232	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	331	331	0	0	55.00
56.00	05600	RADIOISOTOPE	0	687	0	0	0	56.00
57.00	05700	CT SCAN	0	1,268	0	0	0	57.00
58.00	05800	MRI	0	754	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,461	6,389	0	0	0	59.00
60.00	06000	LABORATORY	0	10,405	0	0	200	60.00
65.00	06500	RESPIRATORY THERAPY	0	5,818	0	0	14,949	65.00
66.00	06600	PHYSICAL THERAPY	0	6,621	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,822	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,095	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	27,175,780	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	31,581,970	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	17,955,630	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	8,452	74.00
76.00	03020	OTHER ANCILLARY	0	3,581	3,581	0	3,226	76.00
76.97	07697	CARDIAC REHABILITATION	0	751	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	660	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,255	10,246	10,246	0	78,826	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	5,899	5,899	0	77	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	981	981	0	129,914	116.00
117.00	06950	HOME INFUSION	0	999	0	0	1,619,488	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	397,863	192,852	126,562	58,757,750	20,351,755	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (NUMBER HOUSED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	157	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	939	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	734	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	407	0	1,184,188	194.02
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)	3,336,364	4,535,789	7,431,819	4,781,040	12,961,877
203.00		Unit cost multiplier (Wkst. B, Part I)	8.385711	23.249845	58.720777	0.081369	0.601872
204.00		Cost to be allocated (per Wkst. B, Part II)	429,985	597,625	1,030,993	1,647,790	1,409,189
205.00		Unit cost multiplier (Wkst. B, Part II)	1.080736	3.063345	8.146150	0.028044	0.065434
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: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (DISCHARGES)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED (CLINICAL LAB SCIENCE) (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			16.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	30,009					16.00
20.00	02000	NURSING SCHOOL	0	21,639				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0		160,510			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			160,510		22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0				100	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0					23.01
23.02	02302	PARAMED ED (ENDT)	0					23.02
23.03	02303	PARAMED ED (PHARMACY)	0					23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0					23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,875	8,879	56,865	56,865	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,603	9,651	0	0	0	31.00
35.00	02040	HIGH RISK NEONATAL	646	204	3,520	3,520	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	834	184	3,644	3,644	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	45,994	45,994	0	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	306	0	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	927	21,393	21,393	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	452	452	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	8,298	8,298	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	786	786	0	56.00
57.00	05700	CT SCAN	0	0	707	707	0	57.00
58.00	05800	MRI	0	0	1,414	1,414	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	306	324	324	0	59.00
60.00	06000	LABORATORY	0	0	0	0	100	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	16	16	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	219	219	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	10,051	894	16,878	16,878	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	288	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0			0	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (DISCHARGES)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED (CLINICAL LAB SCIENCE) (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			16.00	20.00	21.00	22.00	23.00	
117.00	06950	HOME INFUSION	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	30,009	21,639	160,510	160,510	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	0	0	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	0	0	0	0	194.02
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)	10,650,582	2,784,895	9,028,340	18,930,816	53,507	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	354.912926	128.697953	56.247835	117.941661	535.070000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	605,735	891,634	139,114	535,257	20,843	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	20.185111	39.528167	0.866700	3.334727	207.580000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			PARAMED ED (RESPIRATORY THERAPY) (ASSIGNED TIME)	PARAMED ED (ENDT) (ASSIGNED TIME)	PARAMED ED (PHARMACY) (ASSIGNED TIME)	PARAMED ED (PASTORAL CARE) (HOURS)	
			23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS - CON					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	COMMUNICATIONS					5.01
5.02	00540	INFORMATION SYSTEMS					5.02
5.03	00550	PURCHASING/RECEIVING/STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00560	PATIENT ACCOUNTING					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)					23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0				23.01
23.02	02302	PARAMED ED (ENDT)		0			23.02
23.03	02303	PARAMED ED (PHARMACY)			100		23.03
23.04	02304	PARAMED ED (PASTORAL CARE)				325	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	254	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	47	31.00
35.00	02040	HIGH RISK NEONATAL	0	0	0	1	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	1	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	1	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	7	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	1	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	13	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
117.00	06950	HOME INFUSION	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	100	325	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

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

Worksheet B-1

Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			PARAMED ED (RESPIRATORY THERAPY) (ASSIGNED TIME)	PARAMED ED (ENDT) (ASSIGNED TIME)	PARAMED ED (PHARMACY) (ASSIGNED TIME)	PARAMED ED (PASTORAL CARE) (HOURS)	
			23.01	23.02	23.03	23.04	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	0	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	194.01
194.02	07952	NON REIMBURSABLE-RETAIL PHARMACY	0	0	0	0	194.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	563,077	159,000	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	5,630.770000	489.230769	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	6,456	16,588	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	64.560000	51.040000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/29/2020 8:20 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	75,255,659		75,255,659	137,639	75,393,298	30.00
31.00	03100	INTENSIVE CARE UNIT	25,882,920		25,882,920	6,062	25,888,982	31.00
35.00	02040	HIGH RISK NEONATAL	14,704,213		14,704,213	37,054	14,741,267	35.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
43.00	04300	NURSERY	2,061,915		2,061,915	0	2,061,915	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,899,803		37,899,803	150	37,899,953	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	3,582,680		3,582,680	0	3,582,680	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0		0	0	0	50.02
51.00	05100	RECOVERY ROOM	4,796,829		4,796,829	0	4,796,829	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,211,626		9,211,626	0	9,211,626	52.00
53.00	05300	ANESTHESIOLOGY	6,682,700		6,682,700	152,216	6,834,916	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,353,001		10,353,001	0	10,353,001	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,395,920		1,395,920	0	1,395,920	55.00
56.00	05600	RADIOISOTOPE	2,390,470		2,390,470	0	2,390,470	56.00
57.00	05700	CT SCAN	3,745,538		3,745,538	0	3,745,538	57.00
58.00	05800	MRI	2,025,695		2,025,695	0	2,025,695	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,652,075		18,652,075	0	18,652,075	59.00
60.00	06000	LABORATORY	22,243,517		22,243,517	0	22,243,517	60.00
65.00	06500	RESPIRATORY THERAPY	7,247,116	0	7,247,116	0	7,247,116	65.00
66.00	06600	PHYSICAL THERAPY	9,709,829	0	9,709,829	0	9,709,829	66.00
69.00	06900	ELECTROCARDIOLOGY	7,507,097		7,507,097	77,593	7,584,690	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,701,487		1,701,487	4,437	1,705,924	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	38,325,744		38,325,744	0	38,325,744	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,681,675		33,681,675	0	33,681,675	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,299,877		33,299,877	0	33,299,877	73.00
74.00	07400	RENAL DIALYSIS	2,234,710		2,234,710	0	2,234,710	74.00
76.00	03020	OTHER ANCILLARY	4,400,229		4,400,229	0	4,400,229	76.00
76.97	07697	CARDIAC REHABILITATION	1,395,103		1,395,103	0	1,395,103	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,408,140		1,408,140	0	1,408,140	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	20,331,653		20,331,653	7,997	20,339,650	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,810,166		2,810,166		2,810,166	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	9,224,640		9,224,640		9,224,640	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,495,621		2,495,621		2,495,621	116.00
117.00	06950	HOME INFUSION	4,838,858		4,838,858		4,838,858	117.00
200.00		Subtotal (see instructions)	421,496,506	0	421,496,506	423,148	421,919,654	200.00
201.00		Less Observation Beds	2,810,166		2,810,166		2,810,166	201.00
202.00		Total (see instructions)	418,686,340	0	418,686,340	423,148	419,109,488	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/29/2020 8:20 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				
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	125,026,944		125,026,944			30.00	
31.00	03100	INTENSIVE CARE UNIT	45,453,850		45,453,850			31.00	
35.00	02040	HIGH RISK NEONATAL	58,253,652		58,253,652			35.00	
40.00	04000	SUBPROVIDER - IPF	0		0			40.00	
43.00	04300	NURSERY	4,924,678		4,924,678			43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	105,147,456	103,308,215	208,455,671	0.181812	0.000000	50.00	
50.01	05001	GASTRODIAGNOSTIC UNIT	5,199,602	13,348,442	18,548,044	0.193157	0.000000	50.01	
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0.000000	0.000000	50.02	
51.00	05100	RECOVERY ROOM	6,645,794	12,648,617	19,294,411	0.248612	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,229,351	972,932	25,202,283	0.365508	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	25,449,905	26,947,551	52,397,456	0.127539	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,128,129	46,954,957	81,083,086	0.127684	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	880,650	7,579,668	8,460,318	0.164996	0.000000	55.00	
56.00	05600	RADIOISOTOPE	3,656,910	15,179,733	18,836,643	0.126905	0.000000	56.00	
57.00	05700	CT SCAN	60,929,271	75,391,079	136,320,350	0.027476	0.000000	57.00	
58.00	05800	MRI	12,216,939	13,043,340	25,260,279	0.080193	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	91,813,765	157,121,594	248,935,359	0.074927	0.000000	59.00	
60.00	06000	LABORATORY	92,188,499	51,155,163	143,343,662	0.155176	0.000000	60.00	
65.00	06500	RESPIRATORY THERAPY	53,814,929	2,974,856	56,789,785	0.127613	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	16,214,660	15,623,343	31,838,003	0.304976	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	40,739,777	46,142,744	86,882,521	0.086405	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	10,086,768	6,449,333	16,536,101	0.102895	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	50,004,645	47,084,039	97,088,684	0.394750	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,766,850	43,106,109	107,872,959	0.312235	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	114,863,731	62,808,416	177,672,147	0.187423	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	5,679,817	233,166	5,912,983	0.377933	0.000000	74.00	
76.00	03020	OTHER ANCILLARY	962,475	11,544,239	12,506,714	0.351829	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	1,034,216	1,274,651	2,308,867	0.604237	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	40,610	5,010,150	5,050,760	0.278798	0.000000	76.98	
	OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	31,075,562	68,582,036	99,657,598	0.204015	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,852,102	4,828,276	6,680,378	0.420660	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	8,584	8,101,000	8,109,584			101.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	0	3,705,497	3,705,497			116.00	
117.00	06950	HOME INFUSION	0	3,716,372	3,716,372			117.00	
200.00		Subtotal (see instructions)	1,087,290,121	854,835,518	1,942,125,639			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	1,087,290,121	854,835,518	1,942,125,639			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0053	Period: From 07/01/2019 To 06/30/2020	Worksheet C Part I Date/Time Prepared: 11/29/2020 8:20 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02040	HIGH RISK NEONATAL			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.181813		50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0.193157		50.01
50.02	05002	PAIN MANAGEMENT CENTER	0.000000		50.02
51.00	05100	RECOVERY ROOM	0.248612		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.365508		52.00
53.00	05300	ANESTHESIOLOGY	0.130444		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.127684		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.164996		55.00
56.00	05600	RADIOISOTOPE	0.126905		56.00
57.00	05700	CT SCAN	0.027476		57.00
58.00	05800	MRI	0.080193		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.074927		59.00
60.00	06000	LABORATORY	0.155176		60.00
65.00	06500	RESPIRATORY THERAPY	0.127613		65.00
66.00	06600	PHYSICAL THERAPY	0.304976		66.00
69.00	06900	ELECTROCARDIOLOGY	0.087298		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.103164		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.394750		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.312235		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.187423		73.00
74.00	07400	RENAL DIALYSIS	0.377933		74.00
76.00	03020	OTHER ANCILLARY	0.351829		76.00
76.97	07697	CARDIAC REHABILITATION	0.604237		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.278798		76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.204095		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.420660		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
117.00	06950	HOME INFUSION			117.00
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: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/29/2020 8:20 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	75,255,659		75,255,659	137,639	75,393,298	30.00
31.00	03100	INTENSIVE CARE UNIT	25,882,920		25,882,920	6,062	25,888,982	31.00
35.00	02040	HIGH RISK NEONATAL	14,704,213		14,704,213	37,054	14,741,267	35.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
43.00	04300	NURSERY	2,061,915		2,061,915	0	2,061,915	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,899,803		37,899,803	150	37,899,953	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	3,582,680		3,582,680	0	3,582,680	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0		0	0	0	50.02
51.00	05100	RECOVERY ROOM	4,796,829		4,796,829	0	4,796,829	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,211,626		9,211,626	0	9,211,626	52.00
53.00	05300	ANESTHESIOLOGY	6,682,700		6,682,700	152,216	6,834,916	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,353,001		10,353,001	0	10,353,001	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,395,920		1,395,920	0	1,395,920	55.00
56.00	05600	RADIOISOTOPE	2,390,470		2,390,470	0	2,390,470	56.00
57.00	05700	CT SCAN	3,745,538		3,745,538	0	3,745,538	57.00
58.00	05800	MRI	2,025,695		2,025,695	0	2,025,695	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,652,075		18,652,075	0	18,652,075	59.00
60.00	06000	LABORATORY	22,243,517		22,243,517	0	22,243,517	60.00
65.00	06500	RESPIRATORY THERAPY	7,247,116	0	7,247,116	0	7,247,116	65.00
66.00	06600	PHYSICAL THERAPY	9,709,829	0	9,709,829	0	9,709,829	66.00
69.00	06900	ELECTROCARDIOLOGY	7,507,097		7,507,097	77,593	7,584,690	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,701,487		1,701,487	4,437	1,705,924	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	38,325,744		38,325,744	0	38,325,744	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,681,675		33,681,675	0	33,681,675	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,299,877		33,299,877	0	33,299,877	73.00
74.00	07400	RENAL DIALYSIS	2,234,710		2,234,710	0	2,234,710	74.00
76.00	03020	OTHER ANCILLARY	4,400,229		4,400,229	0	4,400,229	76.00
76.97	07697	CARDIAC REHABILITATION	1,395,103		1,395,103	0	1,395,103	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,408,140		1,408,140	0	1,408,140	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	20,331,653		20,331,653	7,997	20,339,650	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,810,166		2,810,166		2,810,166	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	9,224,640		9,224,640		9,224,640	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,495,621		2,495,621		2,495,621	116.00
117.00	06950	HOME INFUSION	4,838,858		4,838,858		4,838,858	117.00
200.00		Subtotal (see instructions)	421,496,506	0	421,496,506	423,148	421,919,654	200.00
201.00		Less Observation Beds	2,810,166		2,810,166		2,810,166	201.00
202.00		Total (see instructions)	418,686,340	0	418,686,340	423,148	419,109,488	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/29/2020 8:20 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	125,026,944		125,026,944			30.00	
31.00	03100	INTENSIVE CARE UNIT	45,453,850		45,453,850			31.00	
35.00	02040	HIGH RISK NEONATAL	58,253,652		58,253,652			35.00	
40.00	04000	SUBPROVIDER - IPF	0		0			40.00	
43.00	04300	NURSERY	4,924,678		4,924,678			43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	105,147,456	103,308,215	208,455,671	0.181812	0.000000	50.00	
50.01	05001	GASTRODIAGNOSTIC UNIT	5,199,602	13,348,442	18,548,044	0.193157	0.000000	50.01	
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0.000000	0.000000	50.02	
51.00	05100	RECOVERY ROOM	6,645,794	12,648,617	19,294,411	0.248612	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,229,351	972,932	25,202,283	0.365508	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	25,449,905	26,947,551	52,397,456	0.127539	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,128,129	46,954,957	81,083,086	0.127684	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	880,650	7,579,668	8,460,318	0.164996	0.000000	55.00	
56.00	05600	RADIOISOTOPE	3,656,910	15,179,733	18,836,643	0.126905	0.000000	56.00	
57.00	05700	CT SCAN	60,929,271	75,391,079	136,320,350	0.027476	0.000000	57.00	
58.00	05800	MRI	12,216,939	13,043,340	25,260,279	0.080193	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	91,813,765	157,121,594	248,935,359	0.074927	0.000000	59.00	
60.00	06000	LABORATORY	92,188,499	51,155,163	143,343,662	0.155176	0.000000	60.00	
65.00	06500	RESPIRATORY THERAPY	53,814,929	2,974,856	56,789,785	0.127613	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	16,214,660	15,623,343	31,838,003	0.304976	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	40,739,777	46,142,744	86,882,521	0.086405	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	10,086,768	6,449,333	16,536,101	0.102895	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	50,004,645	47,084,039	97,088,684	0.394750	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,766,850	43,106,109	107,872,959	0.312235	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	114,863,731	62,808,416	177,672,147	0.187423	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	5,679,817	233,166	5,912,983	0.377933	0.000000	74.00	
76.00	03020	OTHER ANCILLARY	962,475	11,544,239	12,506,714	0.351829	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	1,034,216	1,274,651	2,308,867	0.604237	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	40,610	5,010,150	5,050,760	0.278798	0.000000	76.98	
	OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	31,075,562	68,582,036	99,657,598	0.204015	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,852,102	4,828,276	6,680,378	0.420660	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	8,584	8,101,000	8,109,584			101.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	0	3,705,497	3,705,497			116.00	
117.00	06950	HOME INFUSION	0	3,716,372	3,716,372			117.00	
200.00		Subtotal (see instructions)	1,087,290,121	854,835,518	1,942,125,639			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	1,087,290,121	854,835,518	1,942,125,639			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
35.00	02040	HIGH RISK NEONATAL				35.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0.000000			50.01
50.02	05002	PAIN MANAGEMENT CENTER	0.000000			50.02
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03020	OTHER ANCILLARY	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	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
117.00	06950	HOME INFUSION				117.00
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: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
11/29/2020 8:20 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	8,273,642	0	8,273,642	77,052	107.38	30.00
31.00	INTENSIVE CARE UNIT	2,551,382		2,551,382	12,438	205.13	31.00
35.00	HIGH RISK NEONATAL	1,071,159		1,071,159	14,240	75.22	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
43.00	NURSERY	196,123		196,123	3,050	64.30	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	12,092,306		12,092,306	106,780		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	26,729	2,870,160				30.00
31.00	INTENSIVE CARE UNIT	9,465	1,941,555				31.00
35.00	HIGH RISK NEONATAL	0	0				35.00
40.00	SUBPROVIDER - IPF	0	0				40.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (lines 30 through 199)	36,194	4,811,715				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0053	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 11/29/2020 8:20 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	7,145,133	208,455,671	0.034277	40,836,744	1,399,761	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	757,207	18,548,044	0.040824	2,712,334	110,728	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0.000000	0	0	50.02
51.00	05100	RECOVERY ROOM	752,443	19,294,411	0.038998	3,149,857	122,838	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	931,758	25,202,283	0.036971	252,906	9,350	52.00
53.00	05300	ANESTHESIOLOGY	782,484	52,397,456	0.014934	9,448,409	141,103	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,370,228	81,083,086	0.029232	15,864,702	463,757	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	455,716	8,460,318	0.053865	230,295	12,405	55.00
56.00	05600	RADIOISOTOPE	296,866	18,836,643	0.015760	1,963,858	30,950	56.00
57.00	05700	CT SCAN	554,941	136,320,350	0.004071	25,589,654	104,175	57.00
58.00	05800	MRI	674,498	25,260,279	0.026702	4,358,154	116,371	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,726,307	248,935,359	0.014969	47,819,776	715,814	59.00
60.00	06000	LABORATORY	1,491,948	143,343,662	0.010408	38,078,699	396,323	60.00
65.00	06500	RESPIRATORY THERAPY	524,202	56,789,785	0.009231	17,455,828	161,135	65.00
66.00	06600	PHYSICAL THERAPY	482,343	31,838,003	0.015150	8,011,361	121,372	66.00
69.00	06900	ELECTROCARDIOLOGY	1,629,462	86,882,521	0.018755	19,471,711	365,192	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	214,830	16,536,101	0.012992	3,722,094	48,357	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,180,477	97,088,684	0.012159	20,393,303	247,962	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,251,700	107,872,959	0.011603	33,609,680	389,973	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,434,115	177,672,147	0.008072	43,430,007	350,567	73.00
74.00	07400	RENAL DIALYSIS	114,943	5,912,983	0.019439	3,483,014	67,706	74.00
76.00	03020	OTHER ANCILLARY	224,759	12,506,714	0.017971	962,475	17,297	76.00
76.97	07697	CARDIAC REHABILITATION	261,672	2,308,867	0.113334	546,532	61,941	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	185,615	5,050,760	0.036750	11,200	412	76.98
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	2,144,851	99,657,598	0.021522	11,724,914	252,344	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	308,388	6,680,378	0.046163	420,939	19,432	92.00
200.00		Total (lines 50 through 199)	29,896,886	1,692,935,062		353,548,446	5,727,265	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0053		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 11/29/2020 8:20 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	1,142,709	0	124,265	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	1,242,064	0	22,994	0	31.00		
35.00	02040	HIGH RISK NEONATAL	0	26,254	0	489	0	35.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00		
43.00	04300	NURSERY	0	23,680	0	489	0	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00		
200.00		Total (lines 30 through 199)	0	2,434,707	0	148,237	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	1,266,974	77,052	16.44	26,729	30.00		
31.00	03100	INTENSIVE CARE UNIT		1,265,058	12,438	101.71	9,465	31.00		
35.00	02040	HIGH RISK NEONATAL		26,743	14,240	1.88	0	35.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00		
43.00	04300	NURSERY		24,169	3,050	7.92	0	43.00		
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00		
200.00		Total (lines 30 through 199)		2,582,944	106,780		36,194	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	439,425							30.00
31.00	03100	INTENSIVE CARE UNIT	962,685							31.00
35.00	02040	HIGH RISK NEONATAL	0							35.00
40.00	04000	SUBPROVIDER - IPF	0							40.00
43.00	04300	NURSERY	0							43.00
44.00	04400	SKILLED NURSING FACILITY	0							44.00
200.00		Total (lines 30 through 199)	1,402,110							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0053

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

Worksheet D
Part IV
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	489	50.00	
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0	39,382	0	50.01	
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	50.02	
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	119,303	3,425	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	57.00	
58.00	05800	MRI	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	39,382	489	59.00	
60.00	06000	LABORATORY	0	0	0	53,507	60.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	563,077	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00	
76.00	03020	OTHER ANCILLARY	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	115,056	6,360	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	42,594	4,631	92.00	
200.00		Total (lines 50 through 199)	0	0	355,717	631,978	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0053		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/29/2020 8:20 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	489	489	208,455,671	0.000002	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	39,382	39,382	18,548,044	0.002123	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	19,294,411	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	122,728	122,728	25,202,283	0.004870	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	52,397,456	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	81,083,086	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	8,460,318	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	18,836,643	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	136,320,350	0.000000	57.00
58.00	05800	MRI	0	0	0	25,260,279	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	39,871	39,871	248,935,359	0.000160	59.00
60.00	06000	LABORATORY	0	53,507	53,507	143,343,662	0.000373	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	56,789,785	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	31,838,003	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	86,882,521	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	16,536,101	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	97,088,684	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	107,872,959	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	563,077	563,077	177,672,147	0.003169	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,912,983	0.000000	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	12,506,714	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,308,867	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	5,050,760	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	121,416	121,416	99,657,598	0.001218	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	47,225	47,225	6,680,378	0.007069	92.00
200.00		Total (lines 50 through 199)	0	987,695	987,695	1,692,935,062		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/29/2020 8:20 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	0.000002	40,836,744	82	25,438,600	51	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0.002123	2,712,334	5,758	3,111,720	6,606	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.000000	3,149,857	0	2,963,891	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.004870	252,906	1,232	1,013	5	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	9,448,409	0	6,735,487	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	15,864,702	0	9,339,154	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	230,295	0	2,050,394	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	1,963,858	0	6,370,403	0	56.00
57.00	05700	CT SCAN	0.000000	25,589,654	0	18,677,435	0	57.00
58.00	05800	MRI	0.000000	4,358,154	0	2,513,646	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000160	47,819,776	7,651	75,157,594	12,025	59.00
60.00	06000	LABORATORY	0.000373	38,078,699	14,203	6,935,576	2,587	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	17,455,828	0	783,763	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	8,011,361	0	183,294	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	19,471,711	0	15,588,686	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	3,722,094	0	978,667	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	20,393,303	0	17,972,128	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	33,609,680	0	17,928,111	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.003169	43,430,007	137,630	19,986,920	63,339	73.00
74.00	07400	RENAL DIALYSIS	0.000000	3,483,014	0	170,280	0	74.00
76.00	03020	OTHER ANCILLARY	0.000000	962,475	0	2,875,359	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	546,532	0	507,585	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	11,200	0	2,315,320	0	76.98
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0.001218	11,724,914	14,281	8,882,983	10,819	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.007069	420,939	2,976	1,140,495	8,062	92.00
200.00		Total (lines 50 through 199)		353,548,446	183,813	248,608,504	103,494	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0053		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 11/29/2020 8:20 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		0.181812	25,438,600	0	0	4,625,043	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT		0.193157	3,111,720	0	0	601,051	50.01
50.02	05002	PAIN MANAGEMENT CENTER		0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0.248612	2,963,891	0	0	736,859	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.365508	1,013	0	0	370	52.00
53.00	05300	ANESTHESIOLOGY		0.127539	6,735,487	0	0	859,037	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.127684	9,339,154	0	0	1,192,461	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.164996	2,050,394	0	0	338,307	55.00
56.00	05600	RADIOISOTOPE		0.126905	6,370,403	0	0	808,436	56.00
57.00	05700	CT SCAN		0.027476	18,677,435	0	0	513,181	57.00
58.00	05800	MRI		0.080193	2,513,646	0	0	201,577	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.074927	75,157,594	0	0	5,631,333	59.00
60.00	06000	LABORATORY		0.155176	6,935,576	0	0	1,076,235	60.00
65.00	06500	RESPIRATORY THERAPY		0.127613	783,763	0	0	100,018	65.00
66.00	06600	PHYSICAL THERAPY		0.304976	183,294	0	0	55,900	66.00
69.00	06900	ELECTROCARDIOLOGY		0.086405	15,588,686	0	0	1,346,940	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.102895	978,667	0	0	100,700	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.394750	17,972,128	0	0	7,094,498	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.312235	17,928,111	23,400	0	5,597,784	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.187423	19,986,920	0	345,245	3,746,009	73.00
74.00	07400	RENAL DIALYSIS		0.377933	170,280	0	0	64,354	74.00
76.00	03020	OTHER ANCILLARY		0.351829	2,875,359	0	0	1,011,635	76.00
76.97	07697	CARDIAC REHABILITATION		0.604237	507,585	0	0	306,702	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.278798	2,315,320	0	0	645,507	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.204015	8,882,983	0	438	1,812,262	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.420660	1,140,495	0	0	479,761	92.00
200.00		Subtotal (see instructions)			248,608,504	23,400	345,683	38,945,960	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			248,608,504	23,400	345,683	38,945,960	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0053		Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 11/29/2020 8:20 pm
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0		50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0		50.02
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,306	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	64,707		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	OTHER ANCILLARY	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	89		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	7,306	64,796		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	7,306	64,796		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0053	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/29/2020 8:20 pm
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		77,052	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		77,052	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)		74,180	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)		26,729	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)		75,393,298	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)		75,393,298	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)		75,393,298	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)		978.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		26,153,525	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)		26,153,525	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0053

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

Worksheet D-1

Date/Time Prepared:
11/29/2020 8:20 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	25,888,982	12,438	2,081.44	9,465	19,700,830
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	HIGH RISK NEONATAL	14,741,267	14,240	1,035.20	0	0
Cost Center Description						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					
52.00	Total Program excludable cost (sum of lines 50 and 51)					
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					
55.00	Target amount per discharge					
56.00	Target amount (line 54 x line 55)					
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					
58.00	Bonus payment (see instructions)					
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					
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)					
62.00	Relief payment (see instructions)					
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					
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)					
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					
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)					
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)					
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					
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)					
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					
89.00	Observation bed cost (line 87 x line 88) (see instructions)					

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0053

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

Worksheet D-1

Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	8,273,642	75,393,298	0.109740	2,810,166	308,388 90.00
91.00	Nursing School cost	1,142,709	75,393,298	0.015157	2,810,166	42,594 91.00
92.00	Allied health cost	124,265	75,393,298	0.001648	2,810,166	4,631 92.00
93.00	All other Medical Education	0	75,393,298	0.000000	2,810,166	0 93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0053	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/29/2020 8:20 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		48,800,430		30.00
31.00	03100	INTENSIVE CARE UNIT		17,280,955		31.00
35.00	02040	HIGH RISK NEONATAL		0		35.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.181813	40,836,744	7,424,651	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0.193157	2,712,334	523,906	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0.000000	0	0	50.02
51.00	05100	RECOVERY ROOM	0.248612	3,149,857	783,092	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.365508	252,906	92,439	52.00
53.00	05300	ANESTHESIOLOGY	0.130444	9,448,409	1,232,488	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.127684	15,864,702	2,025,669	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.164996	230,295	37,998	55.00
56.00	05600	RADIOISOTOPE	0.126905	1,963,858	249,223	56.00
57.00	05700	CT SCAN	0.027476	25,589,654	703,101	57.00
58.00	05800	MRI	0.080193	4,358,154	349,493	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.074927	47,819,776	3,582,992	59.00
60.00	06000	LABORATORY	0.155176	38,078,699	5,908,900	60.00
65.00	06500	RESPIRATORY THERAPY	0.127613	17,455,828	2,227,591	65.00
66.00	06600	PHYSICAL THERAPY	0.304976	8,011,361	2,443,273	66.00
69.00	06900	ELECTROCARDIOLOGY	0.087298	19,471,711	1,699,841	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.103164	3,722,094	383,986	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.394750	20,393,303	8,050,256	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.312235	33,609,680	10,494,118	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.187423	43,430,007	8,139,782	73.00
74.00	07400	RENAL DIALYSIS	0.377933	3,483,014	1,316,346	74.00
76.00	03020	OTHER ANCILLARY	0.351829	962,475	338,627	76.00
76.97	07697	CARDIAC REHABILITATION	0.604237	546,532	330,235	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.278798	11,200	3,123	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.204095	11,724,914	2,392,996	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.420660	420,939	177,072	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		353,548,446	60,911,198	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)		353,548,446		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0053	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/29/2020 8:20 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)		18,004,993	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		55,484,552	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)		666,308	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		1,873,434	2.04
3.00	Managed Care Simulated Payments		23,191,662	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		387.35	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)		59.19	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)		59.19	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		65.67	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)		59.19	12.00
13.00	Total allowable FTE count for the prior year.		59.19	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.		59.19	14.00
15.00	Sum of lines 12 through 14 divided by 3.		59.19	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		59.19	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.152808	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.165414	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.152808	21.00
22.00	IME payment adjustment (see instructions)		5,881,442	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,856,052	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)		6.48	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)		5,881,442	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,856,052	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.49	30.00
31.00	Percentage of Medicaid patient days (see instructions)		31.17	31.00
32.00	Sum of lines 30 and 31		35.66	32.00
33.00	Allowable disproportionate share percentage (see instructions)		20.00	33.00
34.00	Disproportionate share adjustment (see instructions)		3,674,478	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0053	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/29/2020 8:20 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)		0.000415680	0.000244470	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,438,868	2,041,470	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		866,784	1,528,314	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,395,098		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)		87,980,305		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			89,836,357	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			7,020,414	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).			1,772,779	52.00
53.00	Nursing and Allied Health Managed Care payment			233,360	53.00
54.00	Special add-on payments for new technologies			12,519	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).			1,402,110	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			183,813	58.00
59.00	Total (sum of amounts on lines 49 through 58)			100,461,352	59.00
60.00	Primary payer payments			49,746	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			100,411,606	61.00
62.00	Deductibles billed to program beneficiaries			6,124,492	62.00
63.00	Coinsurance billed to program beneficiaries			297,616	63.00
64.00	Allowable bad debts (see instructions)			1,717,360	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,116,284	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,530,619	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			95,105,782	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)			-275,107	70.93
70.94	HRR adjustment amount (see instructions)			-16,647	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A
Date/Time Prepared:
11/29/2020 8:20 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	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		94,814,028	71.00	
71.01	Sequestration adjustment (see instructions)		1,583,394	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03	
72.00	Interim payments		94,080,801	72.00	
72.01	Interim payments-PARHM		0	72.01	
73.00	Tentative settlement (for contractor use only)		0	73.00	
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-850,167	74.00	
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,539,148	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
HVB Adjustment for HSP Bonus Payment					
101.00	HVB adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00	
102.00	HVB adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2020 8:20 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	18,004,993	0	18,004,993		18,004,993
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	55,484,552	0		55,484,552	55,484,552
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	666,308	0	666,308		666,308
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,873,434	0		1,873,434	1,873,434
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	23,191,662	0	5,559,990	17,631,672	23,191,662
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.152808	0.152808	0.152808	0.152808	
6.00	IME payment adjustment (see instructions)	22.00	5,881,442	0	1,440,958	4,440,484	5,881,442
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,856,052	0	444,972	1,411,080	1,856,052
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	5,881,442	0	1,440,958	4,440,484	5,881,442
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,856,052	0	444,972	1,411,080	1,856,052
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2000	0.2000	0.2000	0.2000	
11.00	Disproportionate share adjustment (see instructions)	34.00	3,674,478	0	900,250	2,774,228	3,674,478
11.01	Uncompensated care payments	36.00	2,395,098	0	866,784	1,528,314	2,395,098
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	87,980,305	0	21,879,293	66,101,012	87,980,305
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	89,836,357	0	22,324,265	67,512,092	89,836,357
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	7,020,414	0	1,751,041	5,269,373	7,020,414

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2020 8:20 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
17.00	Special add-on payments for new technologies	54.00	12,519	0	7,000	5,519	12,519
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	24,082,306	72,786,984	96,869,290
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	5,853,278	0	1,453,340	4,399,938	5,853,278
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	372,260	0	100,338	271,922	372,260
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0609	0.0609	0.0609	0.0609	
23.00	Indirect medical education adjustment (see instructions)	6.00	356,465	0	88,508	267,957	356,465
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0749	0.0749	0.0749	0.0749	
25.00	Disproportionate share adjustment (see instructions)	11.00	438,411	0	108,855	329,556	438,411
26.00	Total prospective capital payments (see instructions)	12.00	7,020,414	0	1,751,041	5,269,373	7,020,414
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2020 8:20 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	18,004,993	18,004,993		18,004,993	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	55,484,552		55,484,552	55,484,552	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	666,308	666,308		666,308	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,873,434		1,873,434	1,873,434	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	23,191,662	5,559,990	17,631,672	23,191,662	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.152808	0.152808	0.152808		5.00
6.00	IME payment adjustment (see instructions)	22.00	5,881,442	1,440,958	4,440,484	5,881,442	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,856,052	444,972	1,411,080	1,856,052	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	5,881,442	1,440,958	4,440,484	5,881,442	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,856,052	444,972	1,411,080	1,856,052	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2000	0.2000	0.2000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,674,478	900,250	2,774,228	3,674,478	11.00
11.01	Uncompensated care payments	36.00	2,395,098	866,784	1,528,314	2,395,098	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	87,980,305	21,879,293	66,101,012	87,980,305	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	89,836,357	22,324,265	67,512,092	89,836,357	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	7,020,414	1,751,041	5,269,373	7,020,414	16.00
17.00	Special add-on payments for new technologies	54.00	12,519	7,000	5,519	12,519	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			24,082,306	72,786,984	96,869,290	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2020 8:20 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	5,853,278	1,453,340	4,399,938	5,853,278	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	372,260	100,338	271,922	372,260	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	0.0609	0.0609	0.0609		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	356,465	88,508	267,957	356,465	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0749	0.0749	0.0749		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	438,411	108,855	329,556	438,411	25.00
26.00	Total prospective capital payments (see instructions)	12.00	7,020,414	1,751,041	5,269,373	7,020,414	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	-275,107	33,386	-308,493	-275,107	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	-16,647	0	-16,647	-16,647	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: 14-0053	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/29/2020 8:20 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		72,102	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		38,842,466	2.00
3.00	OPPS payments		37,317,356	3.00
4.00	Outlier payment (see instructions)		44,896	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		103,494	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		72,102	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		369,083	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)		369,083	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)		369,083	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		296,981	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)		72,102	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)		37,465,746	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		4,680	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,902,987	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)		31,630,181	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		648,117	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)		32,278,298	30.00
31.00	Primary payer payments		3,351	31.00
32.00	Subtotal (line 30 minus line 31)		32,274,947	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)		882,917	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		573,896	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		793,364	36.00
37.00	Subtotal (see instructions)		32,848,843	37.00
38.00	MSP-LCC reconciliation amount from PS&R		333	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)		32,848,510	40.00
40.01	Sequestration adjustment (see instructions)		548,570	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		32,520,937	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)		-220,997	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: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
11/29/2020 8:20 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		93,960,656		32,574,110	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	01/23/2020	120,145		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0	01/23/2020	53,173	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)		120,145		-53,173	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)		94,080,801		32,520,937	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		850,167		220,997	6.02
7.00	Total Medicare program liability (see instructions)		93,230,634		32,299,940	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: 14-0053	Period: From 07/01/2019 To 06/30/2020	Worksheet E-1 Part II Date/Time Prepared: 11/29/2020 8:20 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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0053		Period: From 07/01/2019 To 06/30/2020		Worksheet E-4 Date/Time Prepared: 11/29/2020 8:20 pm	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					72.35	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					12.38	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					59.97	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					66.31	6.00
7.00	Enter the lesser of line 5 or line 6					59.97	7.00
		Primary Care		Other		Total	
		1.00		2.00		3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	36.45		28.59		65.04 8.00	
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	32.96		25.86		58.82 9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year			0.00		10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year			0.00		10.01	
11.00	Total weighted FTE count	32.96		25.86		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	32.07		26.78		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	29.38		30.11		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	31.47		27.58		14.00	
15.00	Adjustment for residents in initial years of new programs	0.00		0.00		15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00		0.00		15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00		0.00		16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00		0.00		16.01	
17.00	Adjusted rolling average FTE count	31.47		27.58		17.00	
18.00	Per resident amount	89,108.91		89,108.91		18.00	
19.00	Approved amount for resident costs	2,804,257		2,457,624		5,261,881 19.00	
						1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)					0.00 20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					6.34 21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					0.00 22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)					0.00 23.00	
24.00	Multiply line 22 time line 23					0 24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)					5,261,881 25.00	
		Inpatient Part A		Managed Care Prior to 1/1		Managed Care On or after 1/1	
		1.00		2.00		2.01 3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	36,194		11,429		0 26.00	
27.00	Total Inpatient Days (see instructions)	101,771		101,771		101,771 27.00	
28.00	Ratio of inpatient days to total inpatient days	0.355642		0.112301		0.000000 28.00	
29.00	Program direct GME amount	1,871,346		590,914		0 29.00	
29.01	Percent reduction for MA DGME			7.00		7.00 29.01	
30.00	Reduction for direct GME payments for Medicare Advantage			41,364		0 30.00	
31.00	Net Program direct GME amount					2,420,896 31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0053	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 11/29/2020 8:20 pm	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0		32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		5,912,983		33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000		34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0		35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0		36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)		106,765,553		37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0		38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0		39.00
40.00	Primary payer payments (see instructions)		49,746		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		106,715,807		41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)		39,018,062		42.00
43.00	Primary payer payments (see instructions)		3,351		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		39,014,711		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		145,730,518		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.732282		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.267718		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)		2,420,896		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		1,772,779		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		648,117		50.00

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

Provider CCN: 14-0053

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

Worksheet G

Date/Time Prepared:
11/29/2020 8:20 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	28,916,840	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	268,690,704	0	0	0	4.00
5.00	Other receivable	-2,129,600	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-175,372,314	0	0	0	6.00
7.00	Inventory	14,752,266	0	0	0	7.00
8.00	Prepaid expenses	4,342,811	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	3,106,212	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	142,306,919	0	0	0	11.00
FIXED ASSETS						
12.00	Land	23,936,963	0	0	0	12.00
13.00	Land improvements	10,992,753	0	0	0	13.00
14.00	Accumulated depreciation	-6,280,472	0	0	0	14.00
15.00	Buildings	346,336,081	0	0	0	15.00
16.00	Accumulated depreciation	-128,229,381	0	0	0	16.00
17.00	Leasehold improvements	4,286,305	0	0	0	17.00
18.00	Accumulated depreciation	-3,200,735	0	0	0	18.00
19.00	Fixed equipment	213,776,646	0	0	0	19.00
20.00	Accumulated depreciation	-119,192,324	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	209,999,480	0	0	0	23.00
24.00	Accumulated depreciation	-158,396,956	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	32,334,790	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	426,363,150	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	65,839,548	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	26,935,617	0	0	0	33.00
34.00	Other assets	1,754,566	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	94,529,731	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	663,199,800	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	19,046,906	0	0	0	37.00
38.00	Salaries, wages, and fees payable	27,035,838	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	98,330,659	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	78,416,324	0	0	0	43.00
44.00	Other current liabilities	18,362,311	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	241,192,038	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	175,448,310	0	0	0	46.00
47.00	Notes payable	143,430,110	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	318,878,420	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	560,070,458	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	103,129,342				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	103,129,342	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	663,199,800	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0053

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

Worksheet G-1

Date/Time Prepared:
11/29/2020 8:20 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		131,926,125		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-28,796,783				2.00
3.00	Total (sum of line 1 and line 2)		103,129,342		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)		103,129,342		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		103,129,342		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0053

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	132,104,986		132,104,986	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	132,104,986		132,104,986	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	45,876,758		45,876,758	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	HIGH RISK NEONATAL	59,555,774		59,555,774	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	105,432,532		105,432,532	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	237,537,518		237,537,518	17.00
18.00	Ancillary services	833,331,690	799,922,169	1,633,253,859	18.00
19.00	Outpatient services	33,633,664	75,563,678	109,197,342	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		8,109,584	8,109,584	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	3,705,497	3,705,497	26.00
27.00	HOME INFUSION	0	3,716,372	3,716,372	27.00
27.01	PRO FEES	5,810,942	6,858,159	12,669,101	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,110,313,814	897,875,459	2,008,189,273	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		587,236,100		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)		587,236,100		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0053

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

Worksheet G-3

Date/Time Prepared:
11/29/2020 8:20 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,008,189,273	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,484,738,662	2.00
3.00	Net patient revenues (line 1 minus line 2)	523,450,611	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	587,236,100	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-63,785,489	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-308,124	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	59,747	12.00
13.00	Revenue from laundry and linen service	148,352	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	97,920	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	2,962,836	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	283,790	20.00
21.00	Rental of vending machines	39,140	21.00
22.00	Rental of hospital space	3,838,568	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC INC	3,899,350	24.00
24.01	GRANTS	810,430	24.01
24.02	INTER CO	10,288,598	24.02
24.03	NET ASSETS RELEASED	1,907,748	24.03
24.04	OTHER (SPECIFY)	0	24.04
24.05	OTHER (SPECIFY)	0	24.05
24.50	COVID-19 PHE Funding	28,682,279	24.50
25.00	Total other income (sum of lines 6-24)	52,710,634	25.00
26.00	Total (line 5 plus line 25)	-11,074,855	26.00
27.00	NON OPERATING EXP'S	17,156,814	27.00
27.01	DISPOSAL OF ASSETS	560,781	27.01
27.02	SWAP PYMTS	4,333	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	17,721,928	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-28,796,783	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0053

Period:

Worksheet H

HHA CCN: 14-7222

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/29/2020 8:20 pmHome Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00 Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00 Capital Related - Movable Equipment			0		0	0	2.00
3.00 Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00 Transportation	0	0	0	0	0	0	4.00
5.00 Administrative and General	967,205	0	17,551	0	628,136	1,612,892	5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	2,361,349	0	184,937	0	0	2,546,286	6.00
7.00 Physical Therapy	861,888	0	81,069	0	0	942,957	7.00
8.00 Occupational Therapy	424,552	0	40,035	0	0	464,587	8.00
9.00 Speech Pathology	83,107	0	2,519	0	0	85,626	9.00
10.00 Medical Social Services	67,605	0	11,599	0	0	79,204	10.00
11.00 Home Health Aide	81,096	0	22,592	0	0	103,688	11.00
12.00 Supplies (see instructions)	0	0	0	0	0	0	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)	4,846,802	0	360,302	0	628,136	5,835,240	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00 Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00 Capital Related - Movable Equipment	0	0	0	0			2.00
3.00 Plant Operation & Maintenance	0	0	0	0			3.00
4.00 Transportation	0	0	0	0			4.00
5.00 Administrative and General	-241,588	1,371,304	-2,000	1,369,304			5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	16,261	2,562,547	0	2,562,547			6.00
7.00 Physical Therapy	0	942,957	0	942,957			7.00
8.00 Occupational Therapy	0	464,587	0	464,587			8.00
9.00 Speech Pathology	0	85,626	0	85,626			9.00
10.00 Medical Social Services	0	79,204	0	79,204			10.00
11.00 Home Health Aide	0	103,688	0	103,688			11.00
12.00 Supplies (see instructions)	0	0	0	0			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)	-225,327	5,609,913	-2,000	5,607,913			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: 14-0053

Period:

Worksheet H-1

HHA CCN: 14-7222

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/29/2020 8:20 pmHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
			0	1.00				
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	1,369,304	0	0	0	0	1,369,304	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,562,547	0	0	0	0	2,562,547	6.00
7.00	Physical Therapy	942,957	0	0	0	0	942,957	7.00
8.00	Occupational Therapy	464,587	0	0	0	0	464,587	8.00
9.00	Speech Pathology	85,626	0	0	0	0	85,626	9.00
10.00	Medical Social Services	79,204	0	0	0	0	79,204	10.00
11.00	Home Health Aide	103,688	0	0	0	0	103,688	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	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)	5,607,913	0	0	0	0	5,607,913	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	1,369,304						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	827,844	3,390,391					6.00
7.00	Physical Therapy	304,627	1,247,584					7.00
8.00	Occupational Therapy	150,087	614,674					8.00
9.00	Speech Pathology	27,662	113,288					9.00
10.00	Medical Social Services	25,587	104,791					10.00
11.00	Home Health Aide	33,497	137,185					11.00
12.00	Supplies (see instructions)	0	0					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)		5,607,913					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0053

Period:

Worksheet H-1

HHA CCN: 14-7222

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/29/2020 8:20 pmHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-1,369,304	4,238,609
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	2,562,547	6.00
7.00	Physical Therapy	0	0	0	0	942,957	7.00
8.00	Occupational Therapy	0	0	0	0	464,587	8.00
9.00	Speech Pathology	0	0	0	0	85,626	9.00
10.00	Medical Social Services	0	0	0	0	79,204	10.00
11.00	Home Health Aide	0	0	0	0	103,688	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	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)	0	0	0	0	-1,369,304	4,238,609
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,369,304
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.323055

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0053

Period:

Worksheet H-2

HHA CCN: 14-7222

From 07/01/2019

Part I

To 06/30/2020

Date/Time Prepared:

						Home Health Agency I	PPS	
Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
			BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP			
		0	1.00	1.01	2.00	4.00	5.01	
1.00	Administrative and General	0	59,467	0	9,609	229,026	46,874	1.00
2.00	Skilled Nursing Care	3,390,391	0	0	0	562,833	0	2.00
3.00	Physical Therapy	1,247,584	0	0	0	204,028	0	3.00
4.00	Occupational Therapy	614,674	0	0	0	100,501	0	4.00
5.00	Speech Pathology	113,288	0	0	0	19,673	0	5.00
6.00	Medical Social Services	104,791	0	0	0	16,003	0	6.00
7.00	Home Health Aide	137,185	0	0	0	19,197	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)	5,607,913	59,467	0	9,609	1,151,261	46,874	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		INFORMATION SYSTEMS	PURCHASING/RECEIVING/STORES	ADMITTING	PATIENT ACCOUNTING	Subtotal	OTHER ADMIN & GENERAL	
		5.02	5.03	5.04	5.05	5A.05	5.06	
1.00	Administrative and General	943,005	1,360	0	106,673	1,396,014	100,590	1.00
2.00	Skilled Nursing Care	0	0	0	0	3,953,224	284,849	2.00
3.00	Physical Therapy	0	0	0	0	1,451,612	104,596	3.00
4.00	Occupational Therapy	0	0	0	0	715,175	51,532	4.00
5.00	Speech Pathology	0	0	0	0	132,961	9,581	5.00
6.00	Medical Social Services	0	0	0	0	120,794	8,704	6.00
7.00	Home Health Aide	0	0	0	0	156,382	11,268	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)	943,005	1,360	0	106,673	7,926,162	571,120	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0053

Period:

Worksheet H-2

HHA CCN: 14-7222

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/29/2020 8:20 pmHome Health
Agency I

PPS

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	27,962	178,740	0	0	0	137,151	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)	27,962	178,740	0	0	0	137,151	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		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
		13.00	14.00	15.00	16.00	20.00	21.00	
1.00	Administrative and General	346,394	0	46	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	37,065	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)	346,394	0	46	0	37,065	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0053

Period:

Worksheet H-2

HHA CCN: 14-7222

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/29/2020 8:20 pmHome Health
Agency I

PPS

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)	PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	
		SERVICES-OTHER PRGM COSTS APPRV						
		22.00						
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	2,186,897	0	2,186,897				1.00
2.00	Skilled Nursing Care	4,275,138	0	4,275,138	1,328,451	5,603,589		2.00
3.00	Physical Therapy	1,556,208	0	1,556,208	483,573	2,039,781		3.00
4.00	Occupational Therapy	766,707	0	766,707	238,245	1,004,952		4.00
5.00	Speech Pathology	142,542	0	142,542	44,293	186,835		5.00
6.00	Medical Social Services	129,498	0	129,498	40,240	169,738		6.00
7.00	Home Health Aide	167,650	0	167,650	52,095	219,745		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	9,224,640	0	9,224,640	2,186,897	9,224,640		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.				0.310738			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: 14-0053

Period:

Worksheet H-2

HHA CCN: 14-7222

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/29/2020 8:20 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)	INFORMATION SYSTEMS (PIECES OF EQUIPMENT)	
		BLDG & FIXT (SQUARE FEET)	CAP REL COSTS - CON (SQUARE FOOTAGE)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	1.01	2.00	4.00	5.01	5.02	
1.00	Administrative and General	4,585	0	7,188	967,488	163	200	1.00
2.00	Skilled Nursing Care	0	0	0	2,377,610	0	0	2.00
3.00	Physical Therapy	0	0	0	861,888	0	0	3.00
4.00	Occupational Therapy	0	0	0	424,552	0	0	4.00
5.00	Speech Pathology	0	0	0	83,107	0	0	5.00
6.00	Medical Social Services	0	0	0	67,604	0	0	6.00
7.00	Home Health Aide	0	0	0	81,096	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)	4,585	0	7,188	4,863,345	163	200	20.00
21.00	Total cost to be allocated	59,467	0	9,609	1,151,261	46,874	943,005	21.00
22.00	Unit cost multiplier	12.969902	0.000000	1.336811	0.236722	287.570552	4,715.025000	22.00
Cost Center Description		PURCHASING/RECEIVING/STORES (SUPPLIES)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (HOURS)	
		5.03	5.04	5.05	5A.06	5.06	6.00	
1.00	Administrative and General	85,183	8,109,584	8,109,584	0	1,396,014	101	1.00
2.00	Skilled Nursing Care	0	0	0	0	3,953,224	0	2.00
3.00	Physical Therapy	0	0	0	0	1,451,612	0	3.00
4.00	Occupational Therapy	0	0	0	0	715,175	0	4.00
5.00	Speech Pathology	0	0	0	0	132,961	0	5.00
6.00	Medical Social Services	0	0	0	0	120,794	0	6.00
7.00	Home Health Aide	0	0	0	0	156,382	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)	85,183	8,109,584	8,109,584		7,926,162	101	20.00
21.00	Total cost to be allocated	1,360	0	106,673		571,120	27,962	21.00
22.00	Unit cost multiplier	0.015966	0.000000	0.013154		0.072055	276.851485	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0053

Period:

Worksheet H-2

HHA CCN: 14-7222

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/29/2020 8:20 pmHome Health
Agency I

PPS

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (NUMBER HOUSED)	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	4,585	0	0	0	5,899	5,899	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)	4,585	0	0	0	5,899	5,899	20.00
21.00	Total cost to be allocated	178,740	0	0	0	137,151	346,394	21.00
22.00	Unit cost multiplier	38.983642	0.000000	0.000000	0.000000	23.249873	58.720800	22.00
Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (DISCHARGES)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
		14.00	15.00	16.00	20.00	21.00	22.00	
1.00	Administrative and General	0	77	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	288	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	77	0	288	0	0	20.00
21.00	Total cost to be allocated	0	46	0	37,065	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.597403	0.000000	128.697917	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0053

Period:

Worksheet H-2

HHA CCN: 14-7222

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/29/2020 8:20 pmHome Health
Agency I

PPS

Cost Center Description		PARAMED ED (CLINICAL LAB SCIENCE) (ASSIGNED TIME)	PARAMED ED (RESPIRATORY THERAPY) (ASSIGNED TIME)	PARAMED ED (ENDT) (ASSIGNED TIME)	PARAMED ED (PHARMACY) (ASSIGNED TIME)	PARAMED ED (PASTORAL CARE) (HOURS)		
		23.00	23.01	23.02	23.03	23.04		
1.00	Administrative and General	0	0	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0		20.00
21.00	Total cost to be allocated	0	0	0	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet H-3

HHA CCN: 14-7222

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/29/2020 8:20 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
	0	1.00	2.00	3.00	4.00	5.00	

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation

1.00	Skilled Nursing Care	2.00	5,603,589		5,603,589	24,839	225.60	1.00
2.00	Physical Therapy	3.00	2,039,781	0	2,039,781	8,530	239.13	2.00
3.00	Occupational Therapy	4.00	1,004,952	0	1,004,952	3,409	294.79	3.00
4.00	Speech Pathology	5.00	186,835	0	186,835	598	312.43	4.00
5.00	Medical Social Services	6.00	169,738		169,738	388	437.47	5.00
6.00	Home Health Aide	7.00	219,745		219,745	2,714	80.97	6.00
7.00	Total (sum of lines 1-6)		9,224,640	0	9,224,640	40,478		7.00

Program Visits

Cost Center Description	Cost Limits	CBSA No. (1)	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		14010	0	64		8.00
8.01	Skilled Nursing Care		16580	0	74		8.01
8.02	Skilled Nursing Care		19500	0	2,690		8.02
8.03	Skilled Nursing Care		41180	0	857		8.03
8.04	Skilled Nursing Care		44100	0	3,415		8.04
8.05	Skilled Nursing Care		99914	0	2,106		8.05
9.00	Physical Therapy		14010	0	34		9.00
9.01	Physical Therapy		16580	0	23		9.01
9.02	Physical Therapy		19500	0	1,717		9.02
9.03	Physical Therapy		41180	0	245		9.03
9.04	Physical Therapy		44100	0	1,049		9.04
9.05	Physical Therapy		99914	0	1,060		9.05
10.00	Occupational Therapy		14010	0	14		10.00
10.01	Occupational Therapy		16580	0	9		10.01
10.02	Occupational Therapy		19500	0	670		10.02
10.03	Occupational Therapy		41180	0	145		10.03
10.04	Occupational Therapy		44100	0	624		10.04
10.05	Occupational Therapy		99914	0	406		10.05
11.00	Speech Pathology		14010	0	0		11.00
11.01	Speech Pathology		16580	0	0		11.01
11.02	Speech Pathology		19500	0	86		11.02
11.03	Speech Pathology		41180	0	11		11.03
11.04	Speech Pathology		44100	0	90		11.04
11.05	Speech Pathology		99914	0	66		11.05
12.00	Medical Social Services		14010	0	2		12.00
12.01	Medical Social Services		16580	0	3		12.01
12.02	Medical Social Services		19500	0	69		12.02
12.03	Medical Social Services		41180	0	10		12.03
12.04	Medical Social Services		44100	0	57		12.04
12.05	Medical Social Services		99914	0	25		12.05
13.00	Home Health Aide		14010	0	14		13.00
13.01	Home Health Aide		16580	0	9		13.01
13.02	Home Health Aide		19500	0	461		13.02
13.03	Home Health Aide		41180	0	190		13.03
13.04	Home Health Aide		44100	0	579		13.04
13.05	Home Health Aide		99914	0	253		13.05
14.00	Total (sum of lines 8-13)			0	17,127		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet H-3

HHA CCN: 14-7222

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/29/2020 8:20 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total 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	0	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Cost Center Description		Program Visits			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
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	9,206		0	2,076,874		1.00
2.00	Physical Therapy	0	4,128		0	987,129		2.00
3.00	Occupational Therapy	0	1,868		0	550,668		3.00
4.00	Speech Pathology	0	253		0	79,045		4.00
5.00	Medical Social Services	0	166		0	72,620		5.00
6.00	Home Health Aide	0	1,506		0	121,941		6.00
7.00	Total (sum of lines 1-6)	0	17,127		0	3,888,277		7.00
Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
8.04	Skilled Nursing Care							8.04
8.05	Skilled Nursing Care							8.05
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
9.04	Physical Therapy							9.04
9.05	Physical Therapy							9.05
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
10.04	Occupational Therapy							10.04
10.05	Occupational Therapy							10.05
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
11.04	Speech Pathology							11.04
11.05	Speech Pathology							11.05
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
12.04	Medical Social Services							12.04
12.05	Medical Social Services							12.05
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
13.04	Home Health Aide							13.04
13.05	Home Health Aide							13.05
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet H-3

HHA CCN: 14-7222

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/29/2020 8:20 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Covered Charges			Cost of Services	Agency 1		
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	69,805	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	2,076,874						1.00
2.00	Physical Therapy	987,129						2.00
3.00	Occupational Therapy	550,668						3.00
4.00	Speech Pathology	79,045						4.00
5.00	Medical Social Services	72,620						5.00
6.00	Home Health Aide	121,941						6.00
7.00	Total (sum of lines 1-6)	3,888,277						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
8.04	Skilled Nursing Care							8.04
8.05	Skilled Nursing Care							8.05
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
9.04	Physical Therapy							9.04
9.05	Physical Therapy							9.05
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
10.04	Occupational Therapy							10.04
10.05	Occupational Therapy							10.05
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
11.04	Speech Pathology							11.04
11.05	Speech Pathology							11.05
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
12.04	Medical Social Services							12.04
12.05	Medical Social Services							12.05
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
13.04	Home Health Aide							13.04
13.05	Home Health Aide							13.05
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet H-3

HHA CCN: 14-7222

From 07/01/2019

Part II

To 06/30/2020

Date/Time Prepared:

11/29/2020 8:20 pm

Title XVIII

Home Health

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	0.304976	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy							2.00
3.00 Speech Pathology							3.00
4.00 Cost of Medical Supplies	71.00	0.394750	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.187423	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0053 HHA CCN: 14-7222	Period: From 07/01/2019 To 06/30/2020	Worksheet H-4 Part I-II Date/Time Prepared: 11/29/2020 8:20 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	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	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,711,755
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	240,668
13.00	Total PPS Reimbursement - LUPA Episodes		0	49,603
14.00	Total PPS Reimbursement - PEP Episodes		0	7,753
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	52,403
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	3,062,182
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	3,062,182
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	3,062,182
27.00	Reimbursable bad debts (from your records)			0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	3,062,182
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	3,062,182
31.01	Sequestration adjustment (see instructions)		0	50,482
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	3,011,700
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIES

Provider CCN: 14-0053

Period:

Worksheet H-5

HHA CCN: 14-7222

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/29/2020 8:20 pmHome 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		3,011,700	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		3,011,700	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		3,011,700	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: 14-0053

Period:

Worksheet 0

Hospice CCN: 14-1503

From 07/01/2019

To 06/30/2020

Date/Time Prepared:
11/29/2020 8:20 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		1,284	1,284	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	0	0	0	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	349	349	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	1,200	1,200	0	8.00
9.00	NURSING ADMINISTRATION*	96,847	0	96,847	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	624	624	0	10.00
11.00	MEDICAL RECORDS*	0	1,785	1,785	0	11.00
12.00	STAFF TRANSPORTATION*	0	64,418	64,418	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	57,396	0	57,396	0	13.00
14.00	PHARMACY*	0	129,919	129,919	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	41,635	7,565	49,200	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	80,269	80,269	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	412,274	0	412,274	-108	28.00
29.00	LPN/LVN**	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	16,602	0	16,602	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	55,420	0	55,420	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	131,458	131,458	0	38.00
39.00	PATIENT TRANSPORTATION**	0	18,295	18,295	0	39.00
40.00	IMAGING SERVICES**	0	569,854	569,854	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	18,592	18,592	-25,694	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	20,650	20,650	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	680,174	1,046,262	1,726,436	-25,802	1,700,634

* 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: 14-0053

Period:

Worksheet 0

Hospice CCN: 14-1503

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/29/2020 8:20 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	1,284	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	0	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	349	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	1,200	8.00
9.00	NURSING ADMINISTRATION*	0	96,847	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	624	10.00
11.00	MEDICAL RECORDS*	0	1,785	11.00
12.00	STAFF TRANSPORTATION*	0	64,418	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	57,396	13.00
14.00	PHARMACY*	0	129,919	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	-1,800	47,400	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	80,269	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	412,166	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	16,602	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	55,420	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	131,458	38.00
39.00	PATIENT TRANSPORTATION**	0	18,295	39.00
40.00	IMAGING SERVICES**	0	569,854	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	-7,102	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	20,650	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-1,800	1,698,834	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: 14-0053

Period:

Worksheet 0-2

Hospice CCN: 14-1503

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/29/2020 8:20 pm

				Hospice I		11/20/2025 3:10 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	80,269	80,269	0	80,269	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	403,953	0	403,953	-108	403,845	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	16,602	0	16,602	0	16,602	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	55,420	0	55,420	0	55,420	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	131,458	131,458	0	131,458	38.00
39.00	PATIENT TRANSPORTATION	0	18,295	18,295	0	18,295	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	18,592	18,592	-25,694	-7,102	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	475,975	248,614	724,589	-25,802	698,787	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	80,269	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	403,845	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	16,602	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	55,420	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	131,458	38.00
39.00	PATIENT TRANSPORTATION	0	18,295	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	-7,102	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	698,787	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: 14-0053

Period:

Worksheet 0-3

Hospice CCN: 14-1503

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/29/2020 8:20 pm

					Hospice I	11/20/2023 3:12 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		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0		0	0	0	26.00
27.00	NURSE PRACTITIONER	0		0	0	0	27.00
28.00	REGISTERED NURSE	592	0	592	0	592	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	551,314	551,314	0	551,314	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	592	551,314	551,906	0	551,906	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	592	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	551,314	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	551,906	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: 14-0053 Hospice CCN: 14-1503	Period: From 07/01/2019 To 06/30/2020	Worksheet 0-4 Date/Time Prepared: 11/29/2020 8:20 pm
--	---	---	--

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	7,729	0	7,729	0	7,729	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	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	18,540	18,540	0	18,540	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	7,729	18,540	26,269	0	26,269	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	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	7,729	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	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	18,540	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	26,269	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: 14-0053

Period:

Worksheet 0-5

Hospice CCN: 14-1503

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/29/2020 8:20 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	19,818	19,818	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,284	0	1,284	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	160,986	160,986	3.00
4.00	ADMINISTRATIVE & GENERAL	0	214,969	214,969	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	62,059	62,059	5.00
6.00	LAUNDRY & LINEN SERVICE	349	203,158	203,507	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	1,200	0	1,200	8.00
9.00	NURSING ADMINISTRATION	96,847	57,605	154,452	9.00
10.00	ROUTINE MEDICAL SUPPLIES	624	0	624	10.00
11.00	MEDICAL RECORDS	1,785	0	1,785	11.00
12.00	STAFF TRANSPORTATION	64,418	0	64,418	12.00
13.00	VOLUNTEER SERVICE COORDINATION	57,396	0	57,396	13.00
14.00	PHARMACY	129,919	78,192	208,111	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	47,400	0	47,400	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	698,787	0	698,787	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	551,906	0	551,906	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	26,269	0	26,269	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	20,650	0	20,650	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	1,698,834	796,787	2,495,621	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet 0-6

Hospice CCN: 14-1503

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/29/2020 8:20 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	19,818	19,818					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,284		1,284				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	160,986	0	0	160,986			3.00
4.00	ADMINISTRATIVE & GENERAL	214,969	19,818	1,284	0	236,071		4.00
5.00	PLANT OPERATION & MAINTENANCE	62,059	0	0	0	62,059		5.00
6.00	LAUNDRY & LINEN SERVICE	203,507	0	0	0	203,507		6.00
7.00	HOUSEKEEPING	0	0	0	0	0		7.00
8.00	DIETARY	1,200	0	0	0	1,200		8.00
9.00	NURSING ADMINISTRATION	154,452	0	0	22,922	177,374		9.00
10.00	ROUTINE MEDICAL SUPPLIES	624	0	0	0	624		10.00
11.00	MEDICAL RECORDS	1,785	0	0	0	1,785		11.00
12.00	STAFF TRANSPORTATION	64,418	0	0	0	64,418		12.00
13.00	VOLUNTEER SERVICE COORDINATION	57,396	0	0	13,585	70,981		13.00
14.00	PHARMACY	208,111	0	0	0	208,111		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0		15.00
16.00	OTHER GENERAL SERVICE	47,400	0	0	9,854	57,254		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	698,787			112,656	811,443		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	551,906	0	0	140	552,046		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	26,269	0	0	1,829	28,098		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	20,650				20,650		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	2,495,621	19,818	1,284	160,986	2,495,621		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet 0-6

Hospice CCN: 14-1503

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/29/2020 8:20 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	236,071						4.00
5.00	PLANT OPERATION & MAINTENANCE	6,544	68,603					5.00
6.00	LAUNDRY & LINEN SERVICE	21,458	0	224,965				6.00
7.00	HOUSEKEEPING	0	0			0		7.00
8.00	DIETARY	127	0			0	1,327	8.00
9.00	NURSING ADMINISTRATION	18,702	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	66	0			0		10.00
11.00	MEDICAL RECORDS	188	0			0		11.00
12.00	STAFF TRANSPORTATION	6,792	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	7,484	0			0		13.00
14.00	PHARMACY	21,943	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	6,037	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	85,559						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	58,208	5,488	17,047	0	101		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	2,963	63,115	207,918	0	1,226		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	0	71.00
99.00	NEGATIVE COST CENTER	0	0			0	0	99.00
100.00	TOTAL	236,071	68,603	224,965	0	1,327		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet 0-6

Hospice CCN: 14-1503

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/29/2020 8:20 pm

Descriptions		Hospice I				
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION
		9.00	10.00	11.00	12.00	13.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION	196,076				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	690			10.00
11.00	MEDICAL RECORDS	0		1,973		11.00
12.00	STAFF TRANSPORTATION	0			71,210	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	78,465
14.00	PHARMACY	0			0	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0
16.00	OTHER GENERAL SERVICE	0			0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0
51.00	HOSPICE ROUTINE HOME CARE	179,307	631	1,803	71,210	71,699
52.00	HOSPICE INPATIENT RESPITE CARE	1,230	4	13	0	523
53.00	HOSPICE GENERAL INPATIENT CARE	15,539	55	157	0	6,243
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0
61.00	VOLUNTEER PROGRAM	0			0	0
62.00	FUNDRAISING	0			0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0
64.00	PALLIATIVE CARE PROGRAM	0			0	0
65.00	OTHER PHYSICIAN SERVICES	0			0	0
66.00	RESIDENTIAL CARE	0			0	0
67.00	ADVERTISING	0			0	0
68.00	TELEHEALTH/TELEMONITORING	0			0	0
69.00	THRIFT STORE	0			0	0
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	196,076	690	1,973	71,210	78,465

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:

Worksheet 0-6

Hospice CCN: 14-1503

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/29/2020 8:20 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	230,054					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		63,291			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	230,054	0	57,595		1,509,301	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	633	0	635,293	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	5,063	0	330,377	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					20,650	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	230,054	0	63,291	0	2,495,621	100.00

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

Provider CCN: 14-0053

Period:

Worksheet 0-6

Hospice CCN: 14-1503

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	9,961					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		1,284				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	680,174			3.00
4.00	ADMINISTRATIVE & GENERAL	9,961	1,284	0	-236,071	2,238,900	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	62,059	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	203,507	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	1,200	8.00
9.00	NURSING ADMINISTRATION	0	0	96,847	0	177,374	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	624	10.00
11.00	MEDICAL RECORDS	0	0	0	0	1,785	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	64,418	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	57,396	0	70,981	13.00
14.00	PHARMACY	0	0	0	0	208,111	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	41,635	0	57,254	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	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			475,975	0	811,443	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	592	0	552,046	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	7,729	0	28,098	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				-20,650		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)	19,818	1,284	160,986		236,071	100.00
101.00	UNIT COST MULTIPLIER	1.989559	1.000000	0.236684		0.105441	101.00

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

Provider CCN: 14-0053

Period:

Worksheet 0-6

Hospice CCN: 14-1503

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	100					5.00
6.00	LAUNDRY & LINEN SERVICE	0	805				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	805		8.00
9.00	NURSING ADMINISTRATION	0		0		1,754	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					1,604	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	8	61	0	61	11	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	92	744	0	744	139	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)	68,603	224,965	0	1,327	196,076	100.00
101.00	UNIT COST MULTIPLIER	686.030000	279.459627	0.000000	1.648447	111.787913	101.00

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

Provider CCN: 14-0053

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

Worksheet 0-6
Part II
Date/Time Prepared:
11/29/2020 8:20 pm

Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	Hospice I 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	9,377					10.00
11.00	MEDICAL RECORDS		9,377				11.00
12.00	STAFF TRANSPORTATION			100			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	2,099		13.00
14.00	PHARMACY			0	0	248,189	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	8,572	8,572	100	1,918	248,189	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	61	61	0	14	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	744	744	0	167	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						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	690	1,973	71,210	78,465	230,054	100.00
101.00	UNIT COST MULTIPLIER	0.073584	0.210408	712.100000	37.382087	0.926931	101.00

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

Provider CCN: 14-0053

Period:

Worksheet 0-6

Hospice CCN: 14-1503

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/29/2020 8:20 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		100			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	91			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	1	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	8	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		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	63,291	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	632.910000	0.000000		101.00

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

Provider CCN: 14-0053

Period:

Worksheet 0-7

Hospice CCN: 14-1503

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

Date/Time Prepared:
11/29/2020 8:20 pm

Hospice I

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.304976	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00					2.00
3.00	SPEECH PATHOLOGY	68.00					3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.187423	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.155176	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.394750	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.164996	0	0	0	9.00
10.00	OTHER ANCILLARY	76.00	0.351829	0	0	0	10.00
10.97	CARDIAC REHABILITATION	76.97	0.604237	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.278798	0	0	0	10.98
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						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 PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	OTHER ANCILLARY	0	0	0	0	0	10.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0053

Period:

Worksheet 0-8

Hospice CCN: 14-1503

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/29/2020 8:20 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)			1,509,301	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			8,572	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			176.07	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	7,447	62		9.00
10.00	Program cost (line 8 times line 9)	1,311,193	10,916		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)			635,293	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			61	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			10,414.64	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	56	0		14.00
15.00	Program cost (line 13 times line 14)	583,220	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)			330,377	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			744	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			444.06	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	656	1		19.00
20.00	Program cost (line 18 times line 19)	291,303	444		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			2,474,971	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			9,377	22.00
23.00	Average cost per diem (line 21 divided by line 22)			263.94	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0053	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 11/29/2020 8:20 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,853,278	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		372,260	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)		282.77	3.00
4.00	Number of interns & residents (see instructions)		59.19	4.00
5.00	Indirect medical education percentage (see instructions)		6.09	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)		356,465	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.49	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		31.17	8.00
9.00	Sum of lines 7 and 8		35.66	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.49	10.00
11.00	Disproportionate share adjustment (see instructions)		438,411	11.00
12.00	Total prospective capital payments (see instructions)		7,020,414	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